

Dudley Cancer Support

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Overall summary

We carried out an announced comprehensive inspection on 4 January 2017 to ask the service the following key questions: Are services safe, effective, caring, responsive and well-led? There are no ratings for this inspection, as we do not currently rate community independent health services.

Background

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

LymphCare UK is a community interest company and a social enterprise that provides comprehensive community lymphoedema services in Dudley and Sandwell. The clinic, located in a Dudley Cancer Support building, is one of three locations where LymphCare UK provides a service. The service also provides home visits for patients that are housebound or have limited mobility. LymphCare UK leases the clinic space from Dudley Cancer Support and is a separate organisation. Dudley Cancer Support provides cleaning services, and the Dudley Cancer Support Health and Safety Officer and

first aiders cover the LymphCare UK clinic space as part of the lease agreement. Some patients of LymphCare UK can also register with Dudley Cancer Support to access complimentary therapies and transport services.

The service accepts referrals from any healthcare professional across Dudley and Sandwell. It provides care to patients with all types of lymphoedema, primary or secondary, from chronic oedemas to lipoedema. Lymphoedema is a long-term condition of fluid (lymph) retention and tissue swelling (oedema) in the limbs caused by a compromised lymphatic system. The lymphatic system is a part of the circulatory system and is a network of vessels that drains excess fluid from body tissue. Lipoedema is a long-term condition where there is an abnormal build-up of fat (lipid) cells.

LymphCare UK is a specialist nurse-led lymphoedema service. The leadership team consists of two managing directors who are clinical nurse specialists within the service. This team interacts with both the operational and executive boards. There are 11 members of staff employed by LymphCare UK, including the two clinical directors, nursing staff and administration staff. Four of the nurses provide a service from this location.

The clinic at this location is very small. It consists of a small treatment room and a very small waiting area with

Summary of findings

rest room facilities, and operates from the basement of premises owned by another organisation. These areas rented by LymphCare UK are solely for the use of LymphCare UK patients with a separate external entrance to the main building. There is a separate access for staff to enter the treatment room internally from the main building. There is no office or reception at this location. The service is open Monday to Friday, 9am until 5pm and runs approximately 20 clinics each month.

We gathered information from a number of sources, including data provided by the clinic before our inspection. During our inspection, we visited all areas of the clinic and spoke with nurses and two registered managers for LymphCare UK. We also spoke with patients using the service. We reviewed the staff folders on a recent inspection of LymphCare UK's main location. This was due to staff working across all three locations and the staff folders being located at the main location.

Our Key Findings:

- Patients received safe care and treatment in a suitable environment.
- Staff felt supported in their role.
- Staff treated patients and their families with dignity and respect.
- Staff responded to each patient to meet their individual needs.

- The management team met regularly to review and monitor risks.
- Leadership was clear and open and the managers were accessible to staff and patients.
- The senior management team sought feedback from patients and made improvements from this feedback.

We identified regulations that were not being met and the provider must:

- Ensure that staff maintain an accurate, complete contemporaneous record in respect of each patient and that they keep this information up-to-date.
- Ensure written consent is documented correctly and clearly in patient notes.
- Ensure there is a local risk register in place to provide overview of local risks.
- Ensure all staff are up to date with basic life support training.

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Review the data capturing for mandatory training to ensure all staff training is recorded and kept up-to-date.
- Review the incident reporting process to ensure all reported incidents are collated.

Summary of findings

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Dudley Cancer Support

Services we looked at

Community health services for adults

Summary of this inspection

Background to Dudley Cancer Support

We carried out an announced comprehensive inspection on 4 January 2017 with an unannounced visit on 18 January 2017. The inspection team consisted of two CQC inspectors. The lead CQC inspector had access to advice from an oncology specialist adviser.

Before visiting, we reviewed information that we held about the service and data sent to us by the provider. This information included patient and staff questionnaires, mandatory training modules and attendance rates, and caseload figures. We used information gathered on the recent inspections of LymphCare UK's two other locations. This was because the managers, administration staff and nurses worked across all three locations but were not specifically based at one clinic. This information included staff records, as these were held at the provider's main location that had been inspected prior to this location's inspection. We

asked other organisations to share what they knew about the service. While on-site, we spoke with the clinical directors and nursing staff. We observed how patients were being cared for and we spoke with those patients who shared their views and experiences of the service they received.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

These questions therefore formed the framework for the areas we looked at during the inspection.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing the following:

- Staff were clear on how to report an incident and could describe feedback and learning that the provider had shared.
- Staff were aware of duty of candour and the requirements of being open and honest to patients.
- Staff adhered to infection prevention practice and the environment was visibly clean.
- Electrical equipment was safe to use. Service date labels were clearly visible and in date.

However, we found areas where the service needed to improve:

- Record keeping for patients' notes was not consistent and not always easy to follow.
- The process in place for reporting incidents was not robust.

Are services effective?

We found that this service was providing the following:

- Staff worked well together as part of a multidisciplinary team, to coordinate and deliver patients' care and treatment effectively.
- Staff were committed to working collaboratively with external organisations in order to deliver joined up care for lymphoedema patients.
- Managers provided staff with support in the form of appraisals, supervision and role specific training to carry out their roles effectively and competently.
- Patients told us and we saw, staff gained verbal consent prior to treatment.

However, we found areas where the service needed to improve:

- We were not assured that all staff were up to date with their mandatory training including basic life support.
- Documented evidence of written consent in patient records was inconsistent.
- Data capturing and documentation of staff appraisals and mandatory training was inconsistent.
- Staff did not consistently record pain scores in patient records.

Are services caring?

We found that this service was providing the following:

Summary of this inspection

- Staff we spoke with were dedicated, compassionate and enthusiastic about the service they delivered.
- Patients told us staff always maintained their privacy and dignity.
- Staff were polite, friendly and supportive towards patients and each other.
- We saw staff being courteous towards patients during consultations. Staff spoke with patients in a kind, polite manner and in a way the patient could understand.
- Staff introduced themselves to their patients prior to consultations.
- Patients and their family members were empowered with educational teaching sessions regarding their care and treatment.
- The service provided supportive peer groups called the “Living with Lymphoedema Group,” which empowered patients.

Are services responsive?

We found that this service was providing the following:

- The complaints rate was significantly low and the service understood how to handle complaints well.
- The clinic had access to translation services for patients when English was not their first language.
- The clinic provided us with their targets for referral to treatment times for patients seen in less than 12 weeks. The service was achieving their targets.
- Appointments were flexible and accommodating to patients' needs. Patients had a choice of clinic destination and timings. Home visits were available for patients with limited mobility.

However:

- The provider was still working towards the development of leaflets in an easy read format and in various languages, which they had been working towards for a few years.

Are services well-led?

We found that this service was providing the following:

- Staff we spoke with knew the vision and strategy for the service.
- Staff felt comfortable to raise concerns.
- Staff were proud to work for the service and were passionate about providing good care for their patients.
- Staff felt the culture at the clinic was open and honest.
- There was evidence of good engagement with staff and service users.
- There was evidence of innovative practice within this service.

Summary of this inspection

However, we found areas where the service needed to improve:

- Managers did not have oversight of local risks, as there was no local risk register.
- Managers did not have assurance that all staff were up to date with mandatory training.
- The repetition of audits when concerns were identified was not conducted in a timely manner.

Community health services for adults

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are community health services for adults safe?

Reporting, learning and improvement from incidents

- The provider had no reported never events in the previous 12 months. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- From the information the service provided before inspection, the clinic had not reported incidents in the previous 12 months. However, incidents at other LymphCare UK locations showed that staff were aware of how to report incidents. Staff we spoke with at the clinic were able to tell us how to report an incident if there was one at this location.
- The system in place for recording and reporting incidents was not robust and we did not have assurance that managers had full oversight of incidents. Staff told us that the clinic had its own accident and incident folder located in the treatment room. There was only one member of staff working at the clinic at one time so the folder was always accessible. They recorded all incidents using a paper system where they filled in a paper form and filed the form in the folder. Staff told us they informed managers by telephone if they were not present at the clinic at the time of the incident. Managers reviewed the incident as soon as they could attend the clinic and carried out necessary actions. LymphCare UK used this process at all three of their locations and we saw the accident folder for the other two locations.
- There was a risk of staff recording incidents but the incidents not being reported to managers due to

confusion of the incident reporting process that was in place. We did not see a location specific accident folder on the day of our inspection, as patients were occupying the treatment room. We attended the clinic on 18 January 2017 during the unannounced period and asked to see the folder but only the manager was on site and they were not able to locate this folder. After our inspection, managers told us over the phone that there was not a folder located at each location but only one main folder at their main location. This contradicted what staff had previously told us. We saw this was an issue at another of the provider's locations, where it was reported that there were no incidents for that location in the previous 12 months, however whilst on inspection we saw there were two incident forms in a location specific accident folder.

- The provider learned lessons from incidents that had happened within LymphCare UK to improve patient safety. Staff told us lessons learnt from incidents that had happened at the other locations were shared at weekly staff meetings, which was evident in the meeting minutes. If a staff member was not present at the meeting, managers would share the feedback with them by telephone or in person when the staff member was next in the clinic.
- The provider was aware of, and understood the requirements of the duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons), of certain notifiable safety incidents and provide reasonable support to that person.
- The provider encouraged a culture of openness and honesty and the service had systems in place for knowing about notifiable safety incidents. Staff we

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spoke with were clear on the meaning of duty of candour and described the importance of being open and honest with, and offering an apology to their patients.

Reliable safety systems and processes (including safeguarding)

- The provider protected people who used the service from the risk of abuse. They had safeguarding systems in place to identify the possibility of abuse and prevent abuse from happening.
- All members of staff we spoke with were aware of the local safeguarding procedures and whom they should contact if they had safeguarding concerns. Staff were clear on how to raise safeguarding concerns and told us they reported any concerns to the clinical directors who would escalate to the local authority. Staff knew who was responsible for reporting if both clinical directors were not available.
- The service had no safeguarding alerts reported in the 12 months prior to our inspection.
- Of the 11 substantive members of staff, 91% (10) had completed level 2 adult safeguarding training and 82% (9) had completed level 2 children's safeguarding training. LymphCare UK do not treat anyone under the age of 18.
- Of the four members of staff who worked at this location, 75% (3) had completed both level 2 adult's and level 2 children's safeguarding training.
- The service ensured patients received timely referrals to meet their current and ongoing individual needs. Staff referred patients to other health professionals as required, for example, the district nurse, the tissue viability nurse and breast cancer specialist nurses. Staff asked patients if they were happy for staff to share their information with other health professionals, which staff documented in their notes.
- The provider had good systems in place for storing records securely. The provider permanently stored records at the LymphCare UK main location and staff transferred the records securely to this clinic at the beginning and end of every week. The records for patients being treated during the week were transferred on the Monday morning to the clinic so they were available for the patients' appointment. During the week, staff stored the records in a locked cabinet inside the treatment room, which was also locked when staff were not occupying the room. On the Friday, staff transferred the records back to the main location for them to be stored between the patients' appointments.
- The provider was aware that record keeping had been an issue and were working towards improving record keeping through training and audits.
- The service had completed a record keeping audit in June 2016, which showed a number of non-compliant measures. The service carried out a further record keeping audit in December 2016, which had improved with only one non-compliant measure, but did not have a representative sample size. We looked at three records and found that the records were inconsistent. We fed this back to the management team who said they would repeat a patient record audit in June 2017 to include a larger sample of records.
- Staff did not consistently provide identification information in patient records. Of the three records we reviewed, one did not use labels giving the patient's name, NHS number, address, and date of birth. This resulted in some pages of the records not having all of the relevant identifiable information. The same set of notes did not have a large sticker on the front with the patient's name and NHS number. The results from the record keeping audit in June 2016 also showed 89% of the records the provider reviewed were non-compliant for name and NHS number on each page. Records had improved in the December 2016 audit with 20% non-compliance for this measure. The other two records had patient labels on the outside and these labels were present on all pages inside.
- It was not always evident in patient records that patients had given written consent. The patient consent forms were not consistently included in these records and staff did not always complete them. Of the three records we reviewed, only two had a written consent form present. Staff had not completed these forms and neither of them had patient signatures. A member of staff had written a note on one of them referring to a separate document where the patient had signed. We could not find a patient signature within the third set of patient notes we reviewed.
- It was sometimes difficult to see who had completed an entry in patient records. Of the three records we reviewed, we saw staff had signed all entries but did not always give a printed name. The results from the record keeping audit in June 2016 showed 33% of records were

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non-compliant for signed entries with a printed name. The majority of entries were clear and legible. The provider had started to mitigate this risk by introducing a laminated sheet of all staff signatures in the front of patient records. We saw this was present in one of the records we reviewed.

- Within the records, we saw a number of letters to the patients' GPs, which showed staff informed the GPs about their patients' treatment.
- There were documented care plans in all of the records we reviewed. These care plans were detailed and tailored to each patient, and had a note at the top of the plan to remind staff they were to give a paper copy to the patient.
- Care plans were inconsistent and it was not evident if patients had received a paper copy of their plan. The care plan instructed staff to provide patients with a copy of their plan but there was no documentation to evidence staff were doing this. Although we had noted these care plan documents had improved from those used previously, there was no area on the care plan for the patient to sign once staff had given them a copy. A section on the consent form had an open-ended question and asked, "Has the patient received relevant information on the care plan?" This section of the consent form was incomplete in one set of notes and in the other where the consent form was present, it said yes but did not specify whether this was written or verbal. The third set of notes did not have a consent form present.

Staffing

- There were sufficient staffing levels to meet the needs of the patients at the clinic and to carry out home visits.
- Staff discussed their caseloads in their weekly team meeting and managers shared the caseloads out to staff. Staff told us they could contact their line manager at any time if they had concerns over their caseload.
- LymphCare UK had 11 substantive staff, of which four worked at this location. These members of staff were all nurses. There were no administration staff based at this location.
- LymphCare UK had a service caseload of approximately 920 patients across their three locations, but this varied depending on the referrals and demand on the service. This location had approximately 20 clinics each month.

The caseload appeared to be manageable and there was a process for staff to raise issues with their caseload. Staff told us if there were issues, the managers helped to resolve them.

- A written procedure was in place for staff to follow when they required sick leave. This procedure included the action to take dependent on the role of the member of staff. Actions ranged from no action to closing the clinic. If managers closed the clinic, they would accommodate patients at one of the other locations ran by LymphCare UK. Managers told us they had not closed this location due to staff sickness in the previous 12 months.
- Staff turnover at the service in the 12 months prior to our inspection was 0%. They currently had no vacancies.
- The provider told us the sickness rate for LymphCare UK was 1.8% out of 11 staff.
- There was a robust process in place to support nursing staff with their revalidation. Revalidation is the method by which clinical staff such as nurses, renew their professional registration and involves continuing education and ongoing practical experience. The purpose of revalidation is to ensure staff remain fit to practice throughout their career improving public protection. The process was overseen by the lead nurse and involved various meetings, clinical supervision and supporting the staff member with completing paperwork. Towards the end of the process, the lead nurse would go through the paperwork to ensure everything was in place before signing.
- LymphCare UK carried out Disclosure and Barring Service (DBS) checks on all employees during recruitment, which they then repeated every three years. The provider used an external organisation to assist with processing DBS applications. If an employee at LymphCare UK acquired a criminal conviction during their employment, they were obliged to declare this to their line manager and, if relevant to their safety practice, report to the Nursing and Midwifery Council (NMC).

Monitoring health & safety and responding to risks

- There were procedures in place for staff to follow should a patient deteriorate and staff we spoke with were aware of the procedures to take. Staff would escalate any medical or physical concerns they had about a patient to the patient's GP. If a patient became acutely unwell, staff would contact the emergency services. However, only 62% of LymphCare UK staff had

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completed basic first aid training, which included cardiopulmonary resuscitation (CPR) and Anaphylaxis. For this location, only 50% of the staff had completed basic first aid training. This was an issue because LymphCare UK staff worked at this clinic alone and on occasion, the only LymphCare UK staff member available at this clinic would not have up to date basic first aid training. There were first aiders located in the building who were employed by the owners of the premise, who covered the LymphCare UK clinic. This lessened the risk to patients as there were staff located in the building who were able to assist the LymphCare UK staff should a patient deteriorate.

- The service provided patients with appropriate information on responding to risks involved with lymphoedema such as infection. We observed staff handing patients a wallet sized medical alert card with recommendations for use of antibiotics and a caution card for emergencies. We saw staff gave patients a verbal explanation of the signs of infection.
- Staff told us they can refer patients directly to the Dudley community falls team for those patients who are high risk of falls. We observed reasonable adjustments made for patients who were at a risk of falling. For example, one patient was assessed on the chair rather than laying on the bed, to reduce the risk of their blood pressure dropping when standing from a horizontal position.
- The service had policies and procedures on managing violence at work and for lone working. Staff we spoke with said they were aware of these policies and knew where to find them. They told us there was a hard copy of the policies at each clinic and they could read them online.
- The lone working policy considered the risk involved for lone working and identified the need to ensure staff carried out site risk assessments. Managers reviewed these risk assessments as and when issues arose. The service provided mobile phones for staff members attending patients in their own homes. If there was a risk for staff safety, the service made sure there were at least two staff members present for the home visit.
- Staff offered treatments to patients dependent on the patients' condition. The service loaned a specialist piece of equipment called the "lymphassist" machine, which

provided a type of lymphatic massage. We saw a loan agreement document that explained risks involved with using the lymphassist machine and included an area for patients to sign, which the patient had signed.

- All electrical equipment was safe to use. We saw service date labels were clearly visible and were in date.

Infection control

- The clinical treatment room, waiting area and patient rest room were all visibly clean. We saw a work schedule for cleaning, which set out what needed to be cleaned and how often. The provider told us that the cleaning of the clinic is part of their leasing agreement with the building owners, and the building's cleaners clean the clinic. However, although we requested to see cleaning rotas, we did not see any to evidence staff adhering to the cleaning schedule and that the regular cleaning took place.
- We saw evidence of an infection, prevention and control quality assessment tool in use. This included a weekly water outlet check for two minutes and water temperature monitoring on a monthly basis to reduce the risk of legionella.
- Staff were following infection prevention and control procedures and guidelines. We saw staff were washing their hands and using hand gels before and after patient contact. Patients confirmed they also saw this happen. We saw no clinical staff wearing sleeves or jewellery, with the exception of a plain wedding band, below their elbows. This meant staff followed arms bare below the elbow guidelines.
- All staff were up to date with their infection and prevention training and knew who their infection, prevention and control lead was.
- We saw a hand hygiene audit from September 2016 with a 97% compliance rate. The clinic staff were compliant with all but one measure, which was keeping nails short, clean and free from nail extensions and varnish. The infection control lead carried out the hand hygiene audit and had commented that staff were advised to keep their nails short and free from varnish.

Safe and effective use of medicines

- Staff did not administer or prescribe medicines at this location.
- The service required patients to bring their current medication list with them on their first visit and the patients' GP would update any other changes before the

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visit by telephone, fax or email. We saw copies of patients' recent medical history sent by the GP in the patients' records. We also observed staff members asking the patients' if they had any changes in medication during their assessments.

- The service would measure patients for tailor-made compression bandages. Once staff had discussed types with the patient and the patient had chosen one, the staff would send a letter to the patients' GP to inform them of the compression bandage that was required. The patients' GP would then prescribe the compression bandages for the patient.
- The service did not provide bandages for patients. Patients were required to bring in their own bandages for the nurses to use.
- Staff told us the most common treatments for lymphoedema was a combination of medical drainage or lymphatic massage, exercise, daytime and night-time compression garments or compression bandaging, and the use of intermittent pneumatic compression pumps.
- The service tailored treatment to patients' individual needs depending on their condition. Patients wore compression to reduce fluid retention and had to replace them on a regular basis.
- We observed staff explaining to patients the importance of a correct fitting compression garment, which was a prescribed item. An inaccurate measurement or a poorly manufactured garment could cause severe pain and discomfort.

Are community health services for adults effective?

(for example, treatment is effective)

Assessment and treatment

- LymphCare UK based their clinical guidelines, policies and procedures on national good practice recommendations and standards such as those provided by the National Institute for Health and Care Excellence (NICE). These clinical guidelines, policies and procedures were common to all three locations ran by LymphCare UK and were being implemented at this service.
- The Lymphoedema Framework, a UK based research partnership launched in 2002 and consisting of clinical experts and industry, set six standards for best practice

for lymphoedema services, with an input from patient groups. LymphCare UK used these standards and we saw evidence that they were meeting or achieving all standards for best practice. We also saw evidence that LymphCare UK acknowledged gaps and provided recommendations to improve their work through regular engagement with key stakeholders.

- We saw staff assessed patients thoroughly during their clinic consultations, following British Lymphology Society advice and the NICE guidelines.
- Staff told us that an effective community service for lymphoedema improved patient outcomes by prevention of hospital admissions and supports the delivery of holistic care.
- The service measured patient outcomes through volume reduction (swelling reduction) and we saw examples of positive outcomes.
- Staff did not consistently use pain assessment tools or document patients' pain scores. We saw a pain assessment tool in patients' records with a score of zero to 10 to assess patients' pain level, which was not always completed. We observed staff asking patients' about their pain but they did not ask the degree of their pain using the scoring tool.
- Patients had the option to loan and use a "Lymphassist" machine for a period of six weeks, to see if the machine would reduce their swelling. The Lymphassist is a machine to aid lymphatic massage and help the circulation of the lymphatic system. Patients were able to decline the loaning of the machine if they wished to do so.
- We observed staff offering this machine to patients as a treatment option. We also saw staff assessing a patient after having loaned the machine for six weeks. The patient told us they had an educational teaching session with a nurse who taught the patient how to use the machine. The patient was happy with the results achieved and expressed an interest in loaning the machine again in the future.

Staff training and experience

- The service required each member of staff to attend mandatory training, which staff could complete online or face-to-face and included 13 modules. These were:
 - fire safety training
 - health and safety
 - manual handling
 - equality and diversity

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- infection control
 - information governance
 - level 2 safeguarding adults
 - level 2 safeguarding children
 - basic first aid
 - counter terrorism
 - conflict resolution
 - record keeping
 - and mental health.
- LymphCare UK did not achieve its mandatory training completion target, which was 100%.
 - The systems in place were not sufficient to provide assurance that staff had completed mandatory training. From the data provided, we did not have assurance that staff were up to date with mandatory training, as the training matrix tool used for capturing training data was inconsistent and had discrepancies. It was clear from the data we received that mandatory training completion was not at 100%.
 - Managers informed us that all training would be available for all staff to complete and the deadline for completion was set for 13 January 2017. We received an update on mandatory training in February 2017 and it was clear from the data that LymphCare UK still had not reached the 100% mandatory training target.
 - Of the 13 mandatory training modules, only three modules had a completion rate of 100% for all staff across LymphCare UK, and only four modules had a completion rate of 100% for the four members of staff at this location. Basic first aid training had a completion rate of 63% (7) across LymphCare UK and 50% (2) for the staff at this location. Staff told us they felt supported to attend training and were encouraged to attend additional training to develop in their role. We saw evidence of role specific training that staff had attended, which included the completion of courses from the Lymphoedema Training Academy.
 - The provider had effective recruitment and selection processes in place. The provider ensured all recruited staff had the appropriate skills, qualifications and attributes to meet people's needs. The provider obtained two references, all Disclosure and Barring Service (DBS) checks and all Nursing and Midwifery Council Registration (NMC) checks prior to staff commencing work.
 - Staff told us that they all had completed their appraisal in the current appraisal year from March 2016 to March 2017, which aligned with data we received from the

provider. However, we were unable to see evidence of completed appraisals for some staff members as the documentation of appraisals in staff records were inconsistently captured and recorded and did not align with data we received.

- Three nurses we spoke with said they had regular one-to-one meetings with their manager for reflective practice. Any generic learning from one-to-ones was shared within the team in their weekly meetings. This was aimed at improving care and treatment for patients.
- Staff told us they had clinical forums every three months where the clinical team came together and discussed any staff uncertainties. They would discuss additional training in these meetings, which the training team would set up for them. These meetings were documented in the form of minutes. We saw minutes from the April, August and October 2016 meetings, which included discussions around clinical issues and actions.
- Staff were encouraged to undertake self-directed continuous professional development (CPD) and individuals kept records. Staff discussed training needs for CPD in appraisals and these discussions were documented in staff portfolios. Once the staff member had attended a course, they would be issued with a certificate, which would be stored in their portfolio. We saw examples of these certificates.
- We spoke with two nurses who said they attended regular conferences and study days around the mentorship programme, which also helped towards their revalidation. The service had a lead nurse to support staff with the revalidation process. Revalidation is the method by which clinical staff such as nurses, renew their professional registration and involves continuing education and ongoing practical experience. The purpose of revalidation is to ensure staff remain fit to practice throughout their career improving public protection.

Working with other services

- The service worked well with other services in the community and there was evidence of regular communication.
- We saw three patient records all of which contained letters between the service and the patients' GP. Staff told us Macmillan nurses, district nurses and staff from local hospices were written to as part of the overall patient care and we saw evidence of this in records.

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- Lymphoedema nurses and district nurses worked closely together and where needed carried out a joint home visit. Staff gave an example of a patient who had lymphoedema to both legs including leg ulcers. Both the lymphoedema nurse and district nurse worked alongside to ensure the patient had the best possible outcome. The service smoothly transitioned patients on care pathways from one service to another. We saw there was a discharge policy in place, which included GP information. We also saw the service action plan for 2016-17, which included the process for introducing patient passports to improve the effectiveness of referrals to appropriate services.

Consent to care and treatment

- The provider had a consent policy and staff knew how to find the policy.
- It was not always evident if patients had given written consent to care and treatment. Staff told us they gained written consent from patients on their first consultation with LymphCare UK. We saw a written consent form in two of the three patient records we reviewed. Neither of the two forms included a patient's signature. One of them did have a note next to where the patient's signature was meant to be, directing staff to another document in the patient's notes that was completed with their signature.
- We observed two clinic consultations where staff gained verbal consent from the patient before receiving any care or treatment. The staff acted in accordance with the patients' decisions.
- Staff empowered patients to make informed decisions about their treatment. We saw staff giving verbal explanations of various treatment options available.
- We saw an information folder on display for staff to read. This folder included information on Lasting Power of Attorney, Court Appointed Deputies, Deprivation of Liberty Safeguards and the Mental Capacity Act. The provider required staff to sign once they had read the information and all staff had signed to say they had read this information.
- Staff were able to explain the approach they would take for patients without capacity.

Are community health services for adults caring?

Respect, dignity, compassion & empathy

- Staff treated patients with respect, dignity, compassion and empathy. We observed staff were kind, friendly and had a good rapport with their patients.
- A patient told us the service was marvellous, "Nurses are very polite and fantastic!"
- We saw episodes of patient care during our inspection where staff were courteous to patients. We saw staff spoke with patients in a kind and polite manner and patients confirmed staff always spoke to them in that way.
- We saw staff introduced themselves by name prior to consultation.
- All patients we spoke with said the staff always treated them with respect and maintained their dignity.
- The service encouraged all patients to complete a satisfaction survey to capture feedback. Patients have consistently scored professionalism, friendliness and helpfulness of all staff at 96%.

Involvement in decisions about care and treatment

- The service involved patients in decisions about their care and treatment. Patients we spoke with told us that staff discussed and explained their treatment to them in detail in a manner they were able to understand. We observed verbal information given to patients in consultations to help them make decisions about their care.
- The clinic welcomed relatives or carers to accompany patients in to consultation areas for support. We observed one consultation where the nurse suggested the patient's family member could come in to the consultations to involve them in the patient's care and treatment plan.
- Patients we spoke with said staff involved them when making decisions regarding their treatment plan. We observed consultations where nurses asked patients the treatment option the patient preferred.

Emotional support and promoting self-care

- The service provided patients with good emotional support and promoted self-care. We saw nurses offering

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emotional support to patients. A patient said, “[their] Nurse’s guidance and help has made me psychologically know what to do for the best. Having her there to talk to has been a great help.”

- We observed staff empowering patients and promoting self-care, with offers of guiding family members in the application of compression bandages, for those patients with a limited ability to put them on themselves.
- We saw information on access to LymphYoga to improve patient health and saw evidence of staff promoting this service to patients.
- We observed staff giving a patient lots of praise and positive encouragement to continue with the exercise and self-management techniques that they had been doing following very positive volume reduction results.
- We saw evidence of holistic care from assessments and patient feedback around body image. Patients were encouraged to talk and if they required further input; staff referred back to the patients’ GP for referral to counselling. One patient told us, “Coming to the service has really helped.”

Are community health services for adults responsive to people’s needs? (for example, to feedback?)

Responding to and meeting patients’ needs

- Staff assessed patients on their individual needs and arranged for reviews dependent on the patients’ condition. This allowed the service to monitor and respond to patients’ needs sufficiently to help patients manage their condition.
- The service was aware that not all documents were available in different languages but they were currently working towards developing a website with Google translate options.
- Staff told us they were working towards easy read information leaflets to include pictures for a public friendly read.
- The service gained funding from Public Health Dudley to provide bespoke LymphYoga classes for certain patient groups. The yoga classes were open to

patients with lipoedema or chronic oedema. The sessions incorporated seated classes for patients with less mobility and evening classes for patients who worked, to improve inclusion.

- The service was developing a ‘Best Programme’ for patients, which involved staff supporting patients to maintain a healthy weight.
- The service had a variety of information leaflets and a website available for all patients to read. There were information leaflets titled “Healthy Legs” that promoted healthy eating to help heal wounds.

Tackling inequity and promoting equality

- Staff had access to a policy and procedure that set out key principles for promoting equal opportunities and valuing diversity across the service.
- Staff had access to a language line, which provided a telephone interpretation service.
- Staff told us that they were working towards an easy read information leaflet to include pictures for a public friendly read. The provider was working with some learning disabilities groups to help come up with some ideas for pictures and font size. We saw a draft version of the leaflet they were producing.
- We spoke with staff about how they ensured they obtained appropriate consent from people with specific needs, such as patients who did not speak English or patients living with a learning disability. Staff told us they have access to language line where they can obtain interpreters if required and would seek advice from a senior person if required.

Access to the service

- Referral to treatment times for Lymphoedema services for urgent palliative care was one week. The provider reached their target of 100% for urgent palliative care referrals.
- Referral to treatment times for 12 weeks (non-urgent) had a target of 100%, which the provider had achieved.
- We saw information leaflets were available for patients to explain their treatment. We saw staff reading these leaflets to patients to explain the details of the treatment.

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- Patients contacted reception at one of the other LymphCare UK locations to book appointments. If the reception staff were busy, the telephone diverted to answer phone and would make contact as soon as next available. Patients told us when they left voicemails, staff responded to them very quickly.
- We saw staff offering a choice of appointments to suit patients and patients confirmed staff offered them suitable appointments. This choice included a choice of location, home visit and appointments earlier or later than clinic open times to accommodate patients who work full time.
- All patients we spoke with said they were satisfied with the waiting times for the clinic.
- The service monitored their do not attend (DNA) appointments rate. The rate for this location were incorporated with LymphCare UK's The Lodge Clinic at Mary Stevens Hospice as they both fell under the Dudley clinical commissioning group (CCG). From September 2015 to August 2016, the locations that fell under the Dudley CCG had 161 patients that did not attend their appointments. This was an average of 5.3% for the 12-month period.
- On the day of our inspection, the staff saw all patients in a timely manner.
- Patients attending the clinic had access to cold water for drinking in the waiting area. There was also a rest room for patients to use.
- The clinic saw bariatric patients and staff told us these patients were able to access 'Best Programme' for weight management. However, managers told us this programme was in development and did not exist yet. If patients required food and drink, they were able to bring their own if needed into the clinic.
- The clinic layout enabled wheel chair users' access to the clinical room and toilet facilities. There was also plenty of free parking next to the entrance. This meant the environment supported people with a physical disability while they received treatment.
- Patients and relatives had access to a small waiting area and comfortable seating. This waiting area was very small but suitable for the number of patients the clinic saw at one time.

Concerns & complaints

- There were leaflets available for patients in the waiting room on how to make a complaint. The service recently changed the design to make them more colourful and noticeable for all to see.
- The service reported no complaints in the previous 12 months.
- When speaking with staff, they were able to demonstrate how they would deal with a complaint if one should arise.
- The provider had a complaints policy and staff could access this through the intranet.
- Patients we spoke with all said they would know how to complain but said they would not imagine they ever would need to. One patient said, "The service and the staff are fantastic."

Are community health services for adults well-led?

Leadership, openness and transparency

- The culture of the service encouraged candour, openness and honesty. Staff felt comfortable to raise concerns.
- The managers worked to continually improve the service. Staff felt that senior managers in the department acted on information and provided feedback and support to staff.
- One of the questions asked on the staff satisfaction survey in March 2016 was, "Are employees recognised as individuals by their manager?" We saw 89% out of nine staff strongly agreed with this question.
- Staff we spoke with knew the values, vision and strategy for the service.
- Staff were motivated and enjoyed working at the clinic and staff spoke highly of the support given by the management team.
- Staff were supportive of one another.
- Staff morale was good and we saw evidence of staff from all specialties working well together. The team were visibly enthusiastic about the service they provided.
- It was evident that staff well-being was important to the provider and the staff confirmed this.

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- The service had developed a stress in the workplace policy. Staff had access to complimentary therapy, such as Yoga and Pilates sessions as part of this policy. Staff told us about an event day the managers had held for them, where someone attended and gave the staff holistic therapies.

Governance arrangements

- LymphCare UK was a small organisation. The clinical team and the administration team reported issues and concerns to the managing directors through clinical and administration leads. The managing directors reported to the operational board who subsequently reported to the LymphCare UK executive board.
- The clinical team attended a clinical forum every three months where discussions included patient safety and experience, clinical effectiveness and gave the clinical team an opportunity to reflect and to ask for further education. We saw minutes from the April, August and October 2016 meetings, which included discussions around clinical issues and actions.
- The operational board consisted of the two executive directors, the clinical lead and the admin lead. Planning and operational meetings occurred monthly and members discussed the business and strategic plans, performance management, service development and quality and safety.
- The executive board met six times per year, approximately every two months and consisted of three non-executive directors, the two executive directors and a corporate secretary. Members focused discussions around managing accounts and clinical commissioning group (CCG) contracts, the risk register and risk management, patient safety and experience, the strategy, performance and other business, such as the staff survey. We saw evidence of these discussions in the form of minutes.
- There was an audit committee and a remuneration committee. Both committees were non-executive committees and were established and accountable to the board of directors. The audit committee met bi-annually.
- The service was not responsive in a timely manner when audits identified concerns. We noted that managers had put actions in place because of audit results, for example the record keeping audit. However, the audits were not retested in a timely manner and when the audit committee undertook a subsequent audit, the

results had improved but the sample was not representative and did not reflect what we saw.

Regardless of this, the audit committee were not going to re-audit until they met again in six months' time.

- The senior team had oversight of the provider level risks and we saw evidence of actions taken to mitigate risks that they had identified. However, we did not have the assurance that the senior team within the service had oversight of the local risks. LymphCare UK had a provider level risk register, which included all three locations ran by the provider. This risk register did not include location specific issues and there was no local risk register for this location.
- We looked at the provider level risk register for August 2016, which contained 21 risks, five rated red, 13 rated amber and three rated green. The main issues on the risk register were changes in national or local health policy that may impose or conflict with organisational strategy. For example, contracts not appropriately priced by clinical commissioning groups (CCGs) and the lack of a marketing programme to make sure all nearby CCGs and general practitioners (GPs) were fully aware of how LymphCare UK could help patients. We did not see any patient related risks on the risk register. Managers told us they were aware of the issues with record keeping; however, this was not included on the risk register. We would also have expected the low completion rate for basic first aid training to be on the risk register as this would pose a risk to patients, especially at this location where staff are lone working.
- We did not have assurance that managers had oversight of incidents and the process in place for reporting incidents was not robust. There was confusion between managers and staff on the existence of a location specific incident folder, which could not be explained on our unannounced inspection. There was potential for managers to overlook incident forms and not collate them into the main incident folder that managers kept at the main location.
- Both managers were responsible for reviewing incidents and providing training to staff.

Learning and improvement

- The clinical leads provided education and training to other health care professionals, to increase awareness and enable effective delivery of lymphoedema treatment.

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- The service provided care in both a clinic and domiciliary setting to meet patients' needs.
 - The clinic is ongoing with exploring new technologies to support the early diagnosis and early intervention and prevention of lymphoedema. For example, within LymphCare UK, patients had access to laser treatment but this was not yet available at this clinic.
 - LymphCare UK won two awards, one in 2016 for innovation to practice and service, and in 2012, they won the lymphoedema nurses award. In addition, the provider nominated their support worker for The Worker of The Year Award 2016 for the West Midlands who went on to win the award.
 - The service was developing a 'Best Programme', which involved staff supporting patients with their weight management journey.
 - There was a bra fitting service recently implemented for women who required a suitable fitting bra post-breast surgery.
 - Staff told us they were working with local Learning Disability services and patients living with a learning disability, to implement an easy read leaflet and information to help raise awareness. Management showed us a draft version of the leaflet they were working on.
- Provider seeks and acts on feedback from its patients, the public and staff**
- The service was very engaged with service users. They ran a patient forum to ensure a formal engagement with their user group who met four times a year. The purpose of these meetings was for patients to give scrutiny, feedback and be involved in the co-design of the service. Any actions and concerns were fed into the service's operational and board meetings.
 - The clinic also carried out a satisfaction survey during February and March 2016. The aim of the survey was to evaluate the service provision for Dudley patients.
 - The survey gave an opportunity to gain and share information regarding quality issues. The surveys included a random sample of 250 patients. In total 60 (24%) questionnaires were returned. We saw 98% of respondents felt that they had enough time to discuss their concerns with their nurse. Ninety-seven per cent of patients said they would recommend the service to family and friends.
 - We saw staff increased public awareness and widened access to services through innovation, education and training sessions.
 - Patients were able to leave feedback and comments via comment cards. We saw 96% of patients were satisfied with the service, which was above the service target of 85%. Staff told us that LymphCare UK advertised on social media and we saw promotion their social media page on the patient notice board in the waiting area. They attend and raise charity events and run lymphoedema awareness stalls in public places such as supermarkets GP practices during the lymphoedema awareness week of March. Staff felt word of mouth is their best way to raise awareness.
 - LymphCare UK has developed its own patient forum group that meets every two months and is a chance for patients to share experiences and access local information.
 - All patients we spoke with were delighted with the service and could not praise it enough.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- Ensure that staff maintain an accurate, complete contemporaneous record in respect of each patient and that they keep this information up-to-date.
- Ensure written consent is documented correctly and clearly in patient notes.
- Ensure there is a local risk register in place to provide overview of local risks.

- Ensure all staff are up to date with basic life support training.

Action the provider **SHOULD** take to improve

- Review the data capturing for mandatory training to ensure all staff training is recorded and kept up-to-date.
- Review the incident reporting process to ensure all reported incidents are collated.

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
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>2(c) ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.</p> <p>The provider did not ensure that all staff were up to date with basic life support training.</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>2(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>2(c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p> <p>The provider did not have a local risk register or any local patient safety risks on the provider level risk register.</p> <p>The provider did not ensure clinical staff maintained an accurate and contemporaneous record in respect of each patient.</p>

This section is primarily information for the provider

Requirement notices

The provider did not ensure that written consent was clear and present in all patient records.