

# West Plaza Clinic

## Quality Report

West Plaza Clinic LymphCare UK,  
144 High street,  
West Bromwich,  
West Midlands,  
B70 6JJ  
Tel: 01384 365 014

Date of inspection visit: 22 November 2016  
Date of publication: 26/05/2017

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 22 November 2016 to ask the service the following key questions: Are services safe, effective, caring, responsive and well-led?

#### 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 service runs from West Plaza Clinic at West Bromwich. The service also provides a home visiting service for patients that are housebound. This is one of three clinics which operate under LymphCare UK.

The service accepts referrals from any healthcare professional across Sandwell and Dudley. The service provides care to patients with all types of lymphoedema,

primary or secondary, from chronic oedemas to lipoedema. Lymphoedema is a condition of fluid retention and tissue swelling in limbs caused by a compromised lymphatic system.

LymphCare UK is a specialist nurse led lymphoedema service. There are 11 members of staff employed by LymphCare UK, all the staff worked across three locations. The leadership within the organisation runs from the specialist clinical team and interacts with both the operational and executive boards. Both joint managing directors are also clinical nurse specialists within the service.

The West Plaza clinic is based at the Premier Inn hotel in West Bromwich. It consists of three treatment rooms and a very large waiting area with rest room facilities. Lifts facilities were available for wheelchair users. It is a small organisation, open Monday to Friday 8:30am to 5pm.

We gathered information from a number of sources, including data provided by the clinic prior to our inspection. During our inspection, we visited all areas including the clinics and home visits; we spoke with healthcare assistants, nurses, the administration team and two registered managers for LymphCare UK. We also spoke with patients including relatives. In addition, we spoke with the patient booking team who managed the appointments system.

# Summary of findings

During our inspection we were informed by management that, unfortunately, they had lost their tender to renew their contract with the Clinical Commissioning Group (CCG) this was due to finish March 2017. This meant some staff were offered to work with the new provider or work across the other two clinics. As of April, 2017 patients will be seen by the new provider. We took this on board when speaking with staff.

## Our Key Findings:

- Patients received safe care and treatment in a suitable environment.
- 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 and were dedicated to improving their service.
- Suitably trained staff provided assessments, undertook reviews and offered support to patients and their families.
- 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 staff personnel folders.
- 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

## Contents

### Summary of this inspection

Background to West Plaza Clinic	Page 5
The five questions we ask about services and what we found	6

---

### Detailed findings from this inspection

Outstanding practice	18
Areas for improvement	18
Action we have told the provider to take	19

---

# West Plaza Clinic

**Services we looked at**

Community health services for adults

# Summary of this inspection

## Background to West Plaza Clinic

We carried out an announced comprehensive inspection visit on 22 November 2016. The inspection team consisted of two CQC inspectors. The lead CQC inspector had access to advice from a 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 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 this service was providing the following:

- Staff were clear on incident reporting and could describe feedback and learning that had been shared with them in relation to incidents.
- Staff were aware of duty of candour and the requirements of being 'open' and 'honest' with patients.
- Staff adhered to infection prevention techniques and the environment was visibly clean.

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

- Nursing records we reviewed were not consistent.
- The process in place for reporting incidents was not always robust.

### Are services effective?

We found this service provided 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 all staff were up to date with their mandatory training including basic life support.
- Documentation of written consent in patient records was inconsistent.
- Staff did not always use the LymphCare UK assessment pain tool.

### Are services caring?

We found this service was providing the following:

- The staff we spoke with were dedicated, compassionate and enthusiastic about the service they delivered.

# Summary of this inspection

- Patients told us that staff always maintained their privacy and dignity.
- Patients told us staff were polite, friendly and supportive.
- We saw episodes of patient care during our inspection where staff were courteous to patients. Staff spoke with patients in a kind and polite manner and introduced themselves by name prior to consultation.
- Patients were empowered with educational teaching sessions regarding their treatment choices.
- The service was in the process of planning supportive peer groups called the, “Living with Lymphoedema Group”, to enable patients to feel empowered.

## Are services responsive?

We found this service was providing the following:

- The service had a good understanding on how to handle complaints and the complaint rate was significantly low across all sites.
- Patients had access to translation services if English was not their first language.
- Clinic staff provided us with their targets for referral to treatment times for patients seen in less than 12 weeks and they were meeting 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; we found areas where the service needed to improve:

- Leaflets in various languages and easy read were still in working process from their last inspection in 2015.

## Are services well-led?

We found 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.

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.

# Summary of this inspection

- 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

- There had been no reported 'never events' in the last 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.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents. The duty of candour is a legal duty on hospital, community and NHS trusts to inform and apologise to patients if there have been mistakes in their treatment that have led to significant harm.
- CQC received data from the West Plaza Clinic that showed they had no reported incidents in the last 12 months. However, we saw they had two reported incidents in their incident folder. One in October 2016 involving a patient that fell and another incident in June 2016. We saw lessons had been learnt from a home visit incident that resulted in a change in staff attending home visits, two members of staff must attend vulnerable caseloads together.
- The system in place for recording and reporting incidents was not always robust, we did not have assurance that managers had full oversight of incidents.
- Staff recorded all incidents using a paper system. Staff kept incident forms in an accident and incidents folder for management to review and action.

- Staff told us the service learned lessons from incidents and shared the learning with staff in their weekly meeting.
- Staff we spoke with were clear on the meaning of duty of candour. Staff spoke about being open and honest with their patients.

### Reliable safety systems and processes (including safeguarding)

- The provider protected people who used the service from the risk of abuse. They had systems in place to identify the possibility of abuse and prevent abuse from happening. The provider did not see patients under the age of 18 years.
- Staff we spoke with were aware of the local safeguarding procedures and whom to contact.
- There had been one safeguarding case reported for LymphCare UK across all three locations in the last 12 months, which was also shared with CQC.
- Staff were clear on how to raise safeguarding concerns for adults, stating they had guidance within the service on how to raise concerns. In addition, staff reported any concerns to their line manager who in turn would escalate to the local authority.
- Staff said they had training up to level 2 in safeguarding adults and children and we saw this on their training matrix. However, data capturing around the training was not up to date and management told us that the next safeguarding training was booked on for December 2016. CQC were sent this updated information in January 2017. Out 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.
- Record keeping was one of the main issues within the service and management were aware and working

# Community health services for adults

towards improvement through regular training and audits. Completion of patient records was inconsistent, throughout we saw missing details such as date of birth, patients full name, NHS identification number.

- In June 2016, the service carried out a record keeping audit on patients' records. The audit showed a number of non-compliant measures from the records reviewed. The service carried out a further record keeping audit in December 2016 and the results were shared with CQC. This December audit showed record keeping had improved with only one non-compliant measure, but it did not have representative sample size. This audit will be repeated again in March 2017. Record-keeping is an integral part of Nursing, Midwifery and Allied Health Professionals' practice and is essential to the provision of safe and effective care as per Nursing and Midwifery Council 2009 guidance.
- We reviewed 10 records and we saw missing signatures, non-compliant for name and NHS number on each page and some records were not written in black ink. Record keeping was not consistent.
- Patients' records demonstrated that staff informed the patients' GP of treatment plans. The service referred patients to other health professionals as required for example, the district nurse, tissue viability nurse and breast care specialist nurses. This ensured patients received timely referrals to meet their current and ongoing individual needs.
- Building managers carried out fire alarm checks on a weekly basis to ensure all alarms and the alarm panel were functioning correctly. Regular fire drills took place for staff.
- We saw that the safety (PAT) testing for equipment in the clinics were out of date by one month. We raised this with the managers and they had already arranged for the testing of equipment to be carried out when the clinics are not running.

## Staffing

- Staff discussed their caseloads in their weekly team meeting and management allocated the patient caseloads to staff.
- The service did not use agency staff. Numerous staff worked across this service and its two sister services. They had two senior nurses equal to one whole time

equivalent. There were nine members of substantive staff employed. The staff team consisted of two nurse managers, receptionist, secretary and a health care assistant.

- The service caseload was approximately 920 patients across three locations at any period in time but this can vary depending on the referrals and demand for the service.
- 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 the clinic were to close patients were offered home visits or to attend the other two clinics at different locations.
- Staff turnover at West Plaza Clinic in the last 12 months was 0%. They currently had no vacancies.
- The rate of sickness for nurses at West Plaza Clinic was 0.7% in the previous 12 months.

## 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 to the patients' GP. If a patient became acutely unwell, staff would contact the emergency services. However, only 62% of LymphCare UK staff had completed basic first aid training, which included cardiopulmonary resuscitation (CPR) and Anaphylaxis.
- The service provided patients with appropriate information on responding to risks involved with lymphoedema such as infection. We saw staff handing patients a wallet sized medical alert card with recommendations for use of antibiotics for infection, and a caution card for emergencies.
- Staff told us that they referred patients directly to Sandwell community falls team for those patients who were assessed as being at high risk of falls.
- The service had policies and procedures on managing violence at work and lone working. Staff we spoke with said they were aware of these policies and knew where to access them.

# Community health services for adults

- The lone working policy considered the risk involved for lone working and identified the need to ensure staff carried out site risk assessments. Management reviewed these risk assessments periodically. Mobile phones for lone workers were also available for those staff who attended patients in their own homes.

## Infection control

- Clinical treatment rooms, the reception area and staff rooms were all visibly clean. We saw cleaners attended to all areas during our inspection. However, there were no cleaning rotas on display to evidence the areas were cleaned on regular basis.
- We saw evidence of infection control and prevention quality assessment tools 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.
- We spoke with five patients who all said they had seen staff washing their hands and using hand gels before and after patient contact.
- We saw staff were adhering to 'arms bare below the elbow' guidelines.
- Staff were compliant and up to date on their infection and prevention training. The registered manager was responsible for the hand hygiene audits.
- We saw examples of hand hygiene audits had taken place, however the provider only provided us with the audits data from January to March 2016, which were 97%. Managers informed us that annual audit action plans were in place to ensure hand washing, environment and record keeping would be carried out and monitored regularly. This was not in place during our inspection.

## Safe and effective use of medicines

- Staff at West Plaza Clinic did not administer medicines.
- 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 visit by telephone, fax or email. We saw copies of patients' recent medical history sent by the GP in the patients' records.
- The patient's GP prescribed compression bandages and patients brought their own bandages with them to the clinic for the nurses to use.

- Staff told us the most common treatments for lymphedema were a combination of direct lymphatic massage, lymphatic exercise, daytime and night-time compression garments or compression bandaging.
- Staff told us that each patient treatment was individual and unique depending on their condition. Compression garments are sometimes worn 24-hours a day, seven days a week but were usually applied first thing in the morning and removed last thing at night.
- During the clinic intervention, staff explained to patients that it was very important that they obtained a correct fit for their compression garments. An inaccurate measurement or a poorly manufactured garment could cause severe pain and discomfort.
- All patients undergoing lower limb compression therapy undergo an in-house vascular assessment of toe and brachial pressure, which are then recorded in patients' notes to ensure safe practice.

## Are community health services for adults effective?

(for example, treatment is effective)

### Assessment and treatment

- West Plaza Clinic 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).
- In 2002, a UK national consensus statement on standards of practice for people at risk from or with lymphoedema, was developed with input from national patient groups, clinical experts and industry. The statement contains six standards of practice. We saw that LymphCare UK at West Plaza clinic were meeting or achieving all standards for best practice. We saw evidence of this including recommendations to improve their work through regular engagement with key stakeholders.
- We saw staff were assessing patients thoroughly during their clinic consultations, following the 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 supported the delivery of holistic care.

# Community health services for adults

- The service measured patient outcomes through volume reduction and we saw examples of positive outcomes. We reviewed 10 patient records with pre and post-volume measurements all of which had a 27-60% volume reduction.
- 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.
- The service had a number of different leaflets with relevant information around lymphoedema management.
- The service loaned patients a specialist piece of equipment called "Lymphassist," which provided a type of lymphatic massage that patients could take home on loan for six weeks to improve the swelling and gave patients control over their treatment.
- Patients could use this equipment in their own homes whilst they were waiting for other treatments. The loaning out of the "Lymphassist" machine is an example of the provider using ways to improve the service they were delivering.

## Staff training and experience

- The service required each member of staff to attend mandatory training, which included fire safety training, manual handling, and safeguarding, basic life support and infection control. Training was online or face-to-face and included 13 modules.
- The LymphCare UK target for completion of mandatory training was 100%. West Plaza Clinic completion for training was 83% in March 2016.
- Management informed us that training will all be available for all staff to complete online and the deadline for completion of all subject was set for 13 January 2017. The provider sent us the update 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. Basic first aid training had a completion rate of 63% (7) across Lymphcare UK. 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.
- We spoke with one nurse who said she 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 to renew a registration, and is built on post-registration education and practice (Prep). The purpose of revalidation is to improve public protection by making sure that staff remains fit to practice throughout their career.
- The provider had effective recruitment and selection processes in place. The provider recruited staff to ensure they had the appropriate skills, qualifications and attributes to meet peoples' needs. The provider obtained two references, all Disclosure and Barring Service (DBS) checks and all Nursing and Midwifery Council (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.
- 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

## Working with other services

- We looked at 10 patient records all of which contained a referral from a GP and a follow up report back to the patients' GP, which included findings and any recommendations. Macmillan nurses, district nurses or staff from the local hospices were also included if relevant for individual patients.
- Lymphoedema nurses and district nurses worked closely together and would sometimes carry out joint home visits. Staff gave an example of a patient who had

# Community health services for adults

lymphoedema to both legs including leg ulcers. Both the lymphoedema nurse and district nurse worked alongside each other 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 service had a consent policy in place and staff knew how to access this. Prior to patients receiving any care or treatment, we saw staff asked patients for their consent and the service acted in accordance with their decisions.
- The clinical specialist nurses also obtained consent from the person's GP or consultant to ensure there were no contra-indications to treatment commencing.
- Staff explained they gave written and verbal information on the various treatment options available. This allowed patients to make informed decisions about their treatment.
- 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.
- We saw an information folder on display for staff to read, which included information on lasting power of attorney, court appointed deputies, Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005. Staff were required to sign once information had been read, we saw all staff had signed to say they had read the information.

## Are community health services for adults caring?

### Respect, dignity, compassion & empathy

- We saw episodes of patient care during our inspection where staff were courteous and respectful. Staff spoke with patients in a kind and polite manner and introduced themselves by name prior to consultation.

- The service encouraged all patients to complete a satisfaction survey to capture feedback. Patients consistently scored professionalism, friendliness and helpfulness of all staff at 98%.
- We observed the receptionists being kind, courteous and helpful when talking to patients arriving at the clinic.
- The staff we spoke with were dedicated, compassionate and enthusiastic about the service they delivered.
- We saw there was information available to patients for alternative ways to improve health and well-being such as information on how to access yoga and healthy eating.

## Involvement in decisions about 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.
- The clinic welcomed relatives or carers to accompany patients in to consultation areas for support.
- Patients told us staff offered a choice of appointments to suit them.
- Patients we spoke with said staff involved them when making decisions regarding their treatment plan.
- Staff were able to demonstrate how to put on hosiery and educated patients on bandages. Staff gave patients choices around what they were able to wear to reduce their side effects from lymphoedema.
- There were information leaflets titled "healthy legs" that promoted healthy eating to help heal wounds.

## Emotional support and promoting self-care

- 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.
- 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 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.



# Community health services for adults

- 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 patient's 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

- We saw staff delivered an educational session within a clinic appointment with a patient who wished to take this machine home on loan.
- Staff told us that they were working towards easy read information leaflets to include pictures for public friendly read.
- The service gained funding to provide bespoke "Lymph Yoga" classes for certain patient groups. The yoga classes were open for patients with lipoedema and, or, chronic oedema. The sessions incorporated seated classes and evening classes to improve inclusion.
- The clinic layout enabled wheel chair users' access to the clinical room and toilet facilities. This meant the environment supported people with a physical disability whilst they received treatment.
- Patients and relatives had access to a large waiting area with comfortable seating.

### 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.
- The service was aware that not all documents were available in different languages but they were working towards developing a website with support from Google translate options.
- Staff had access to a language line, which provided a telephone interpretation service.
- Staff told us that they were working towards easy read information leaflets to include pictures for a public friendly read.

### Access to the service

- Reception staff answered the telephone calls to the clinic for booking appointments or queries. If the reception staff were busy, the telephone diverted to answer phone and the receptionist would make contact as soon as next available.
- The service consistently met the targets for both urgent palliative care referrals (one week) and 12 week referral to treatment for non-urgent. Data demonstrated that the compliance had been 100% in the previous 12 months.
- 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.
- All patients we spoke to said they were satisfied with the waiting times for the clinic.
- On the day of our inspection, the department saw all patients in a timely manner.
- Patients attending the clinic had access to drinking water in the waiting area.

### Concerns & complaints

- There were leaflets available for patients in the waiting room and corridors on how to make a complaint. The service recently changed the design to make them more colourful and noticeable for all to see.
- West Plaza Clinic reported zero 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. Staff were able to access their complaint policy via the intranet.

## Are community health services for adults well-led?

### Leadership, openness and transparency

- Staff spoke highly of the support given by managers. The managers worked to continually improve the service.
- Staff felt that senior management 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% of staff strongly agreed with this question.

# Community health services for adults

- Staff were motivated and enjoyed working at the clinic.
- Staff were supportive of one another.
- Staff we spoke with knew the values, vision and strategy for the service.
- Staff morale was good and we observed staff from all specialties working well together. The team were visibly enthusiastic about the service they provided.
- We saw that the service had developed a stress in the workplace policy. Staff told us that staff well-being was important to the provider. Staff had access to complimentary therapy such as yoga and Pilates sessions as part of the stress in the workplace policy.
- 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.

## Governance arrangements

- LymphCare UK is 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.
- 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.
- A main concern on the risk register was that the CCG may take the decision to purchase this service from another provider, which it has the right to do even if the service was running well. Unfortunately this occurred and the decision was made during our inspection. This did have an impact on patients and staff. Some staff were being offered to be TUPE (transfer of undertakings protection of employment) over to the new provider. TUPE is a regulation that preserves employees' terms and conditions when a business or undertaking, or part of one, is transferred to a new employer. Or to be working in the other two locations. Patients are to be transferred over to the new provider.
- We did not see any patient related risks on the risk register. Managers told us they were aware of the issues

# Community health services for adults

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.

- We did not have assurance that managers had oversight of incidents and the process in place for reporting incidents was not robust. 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. There was confusion between managers and staff on the existence of a location specific incident folder. Managers told us there was only one main accident folder located at LymphCare UK's main location; however we saw a location specific folder at the West Plaza Clinic. Before our inspection, managers reported there were no incidents that had taken place at this location but during our inspection we found a location specific accident folder, which had two incident reporting forms. It was not clear that the managers had prior awareness of these incidents.
- Both managers were responsible for reviewing incidents and providing training to staff.

## Learning and improvement

- The clinical lead at West Plaza Clinic provided education and training to other health care professionals to increase awareness and enable effective delivery of lymphoedema treatment. However, data capturing on training for staff was not consistent and not up to date.
- The clinic was on-going with exploring new technologies to support the early diagnosis and early intervention and prevention of lymphoedema. One example was, within LymphCare UK patients had access to laser treatment, which was currently only available at West Plaza Clinic. Laser is another new frontier in the treatment of lymphedema. From various trials, lasers appear to help liquid and help the lymph flow, shown to be an effective improvement of wound healing, help to remove port stains in lymphatic development disorder, and it has been used effectively in treating oedema from deep venous thrombosis.
- LymphCare UK won two awards, one in 2016 for innovation to practice and service, and in 2012, they won the lymphoedema nurses award.
- The service were at early stages into the development of the 'Best Programme' for weight management for patients who required support with weight loss.

- There was a newly implemented bra fitting service at its early stage 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 learning disabilities, to implement an easy read leaflet and information to help raise awareness.

## 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.
- West Plaza Clinic carried out a satisfaction survey during February and March 2016. The aim of the survey was to evaluate the service provision for Sandwell 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%) of the questionnaires were returned. We saw 98% of respondents felt that they had enough time to discuss their concerns with their nurse.
- We saw staff increased public awareness and widen access to services through innovation, education and training sessions.
- Patients were able to leave feedback and comments via comment cards. We saw 98% of patients were satisfied with the service, which was above the service target of 85%. Ninety-seven per cent would recommend to friends and family. Staff told us that LymphCare UK advertised on social media.
- They attended and raised charity events and ran lymphoedema awareness stalls in public places such as supermarkets and GP practices during the lymphoedema awareness week of March. Staff felt word of mouth was the best way to raise awareness.
- LymphCare UK had developed its own patient forum group that met every two months and was a chance for patients to share experiences and access local information. The purpose of these patient forums was to ensure patients could give feedback on the services they received to shape and influence future developments in collaboration with the team.



# Community health services for adults

- Two members of the team were nominated for Support Worker of the Year – Skills for Health. One member of the team went on to win West Midlands Support Worker of the Year 2016.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- Ensure that staff maintains 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

- The provider should ensure that all equipment is regularly PAT tested before use.
- 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 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> <p>The provider did not ensure that written consent was clear and present in all patient records.</p>