

Birmingham Community Healthcare NHS Foundation Trust

Inspection report

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

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

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall trust quality rating

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

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

Summary of findings

Background to the trust

Birmingham Community Healthcare NHS Foundation Trust provides community-based healthcare to people of all ages across Birmingham, covering a population of approximately one million people and a geographical area of 103 square miles across Sandwell, Dudley and Walsall. It also provides specialist rehabilitation services including regional rehabilitation services to assist people manage disabilities, and at Birmingham dental hospital for people of the wider West Midlands region, including Warwickshire, Staffordshire, Worcestershire, Shropshire and Herefordshire.

The trust provides services in people's homes, primary care premises and community inpatient facilities. The trust provides care for people in over 300 locations and approximately 100 of these are managed by the trust. The trust provided approximately 2.1 million interactions with patients, carers and families across the area they cover.

The trust provides;

- Adult community services – including community nursing and therapy services, Early Intervention intermediate care teams and specialist community services for people with a long-term condition;
- Adult specialist and rehabilitation services – including 300 intermediate care beds, regional rehabilitation services and prison healthcare;
- Children & families – including universal and specialist community children's services for Birmingham;
- Learning disabilities – services for adults with learning disabilities in Birmingham;
- Dental – tertiary and secondary dental services at the Birmingham Dental Hospital and community dental services for Birmingham, Sandwell, Dudley and Walsall.

The trust had an annual turnover of £288 million and have approximately 4,700 staff.

The trust was registered with the CQC in March 2011 and achieved foundation trust status in 2016.

The trust worked with a range of commissioners including Birmingham and Solihull clinical commissioning group and NHSE/I. The trust worked with a range of partners to support delivery of care and manage risk including the introduction of Birmingham Forward Steps in its community services for children and young people, and cross working in the Birmingham multi-agency safeguarding hub with the local authority, Police and NHS healthcare organisations in Birmingham.

We first inspected the trust in September 2014 and rated the following core services as Good overall: adult long term conditions; community health inpatient services; community health services for children, young people and families; dental services; end of life care services; and learning disability services. We inspected the trust in October 2018, we rated the trust as Requires Improvement overall, with safe and well-led rated as Requires Improvement, and effective, caring and responsive as Good. At the inspection in October 2018, we rated community inpatient services as Good overall and community services for children, young people and families as inadequate. In rating the trust in October 2018, we took into account the previous ratings of the core services not inspected at that time. At the previous inspection in September 2019, we undertook a focussed inspection of community health services for children, young people and families to see if they had made the necessary improvements we identified at the inspection in October 2018. We did not rate the service at that time.

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Requires improvement 

Summary of findings

What this trust does

Birmingham Community Healthcare NHS Foundation Trust provides community services at over 300 locations throughout Birmingham and the wider West Midlands area.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

We inspected four of the community services provided by this trust as part of our continual checks on the safety and quality of healthcare services, at our least inspection we rated the trust overall as requires improvement, and to look at those parts of the service that did not meet legal requirements.

We did not inspect dental services at this inspection due to the lack of a specialist inspector to lead this core service.

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

What we found

Overall trust

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

- We rated the trust as requires improvement overall. We rated caring as outstanding, effective as good, and safe, responsive and well-led as requirement improvement.
- We rated five of the six trust's services as good and one as requires improvement. In rating the trust, we took into account the current ratings of the two services not inspected this time.
- Although we recognised that the trust had made significant improvements and the board had improved many of its systems, including the vision, values and strategy, there was further work to be improved and completed. However, we were assured that the board and the trust was on a trajectory of positive change that would improve the experience of patients, families, the local population and staff.
- Staffing levels of health visitors remained low and staff in these teams were carrying high caseloads. Morale remained low in these teams and staff did not feel that leaders effectively engaged with them. This continued to be a problem that was seen at the previous inspections in 2018 and 2019. However, the trust had improved governance arrangements to address these problems and were working with external stakeholders to recruit into these posts and had a clear trajectory of improving staffing levels up to and including 2021.

Summary of findings

- People could not always access the service when they needed it and did not always receive the right care in a timely way. Children and families were waiting too long for a neurodevelopmental assessment, including 147 weeks for the paediatric Attention Deficit Hyperactivity Disorder (ADHD) service, and 127 weeks for the paediatric physiotherapy service.
- There was further work to embed IT systems across the trust to ensure staff were using them effectively to monitor and plan care to patients. Not all clinical information was kept in the same place and staff required further support to ensure care plans were used effectively and were up to date.
- There was further work to engage with all staff groups to fully embed the vision and values of the trust. The staff survey in 2019 showed that less staff engaged with the process than in 2018, and although there were improvements in some areas of staff feedback there were areas that required immediate attention, such as equality, diversity and inclusion, and providing a safe environment for staff. Overall, the trust performed worse in the staff survey compared to comparable trusts nationally.
- Although the experience of staff from a black, Asian and minority ethnic background had improved since 2018, there was further work to undertake to recruit into senior leaders roles, including band 8A and above.
- Not all staff were following infection control practice in accordance with infection control standards.
- There was a need to strengthen learning across the organisation to ensure it was shared across all front-line services.
- We were not assured that opportunities were in place for the five divisions to learn from each other to drive development and opportunities of front-line services.
- The trust did not have a defined quality improvement methodology however, we recognised that the trust had plans in place for improvement.
- The trust did not always respond in a timely way to freedom of information requests.

However;

- The service had enough staff in most services to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well in most services. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and in most services, did not have to wait too long for treatment.

Summary of findings

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Most staff understood the service's vision and values, and how to apply them in their work. The majority of staff felt respected, supported and valued. Leaders had improved staff access to clinical supervision. Staff were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Are services safe?

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

- Systems and processes were not always reliable or appropriate to always keep people safe. There was not a consistent way of protecting staff from discrimination. Information about safety in some teams was not always comprehensive however safety to patients over time had improved. Lessons learned were not widely shared across divisions as there was further work to be completed to improve cross division working.
- There were periods of understaffing which had still not been addressed in health visiting teams. Caseloads remained high and there had not been progress since the previous inspection in 2018.
- Systems to manage and share care records and information were cumbersome, and not all staff knew how to use electronic patient care records well.

However:

- Although we found concerns in children's and young people community services of high caseloads and understaffing, risks to people who used services were assessed, monitored and managed on a day-to-day basis. Staff managed medicines consistently and safely.
- Openness and transparency about safety was encouraged. Staff understood and fulfilled their responsibilities to raise concerns and reports incidents and near misses.
- There were clearly defined and embedded systems, processes and standard operating procedures to keep people safe and safeguarded from abuse, using local safeguarding procedures wherever possible. The trust had a strong presence in multi-agency safeguarding teams to support identification and act upon people who were open to abuse across Birmingham, including the multi-agency safeguarding hub.

Are services effective?

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

- Patients overall had good outcomes because they received effective care and treatment that met their needs. Patients care and treatment was planned and delivered in line with current evidence-based guidance, standards and best practice.
- The board had improved systems to understand front line services and senior leaders understood the reality of services they delivered. The strategy supported key aims and objectives in the five divisions to improve outcomes for patients and families but there was further work to be undertaken to see the full impact.
- Staff, including volunteers, had the skills and experience to carry out their roles effectively. The learning needs of staff were identified and training was provided to meet these needs. The trust had improved the numbers of staff who accessed supervision and appraisal. There was a clear approach for supporting and managing staff when their performance was poor or variable. But in some teams, staff told us that managers were not always visible to provide support but the trust were addressing this through their leadership development.

Summary of findings

- Patients discharge and transfer plans were assessed early with the involvement of necessary staff, teams and services. They had identified that it was a key player to support transition between acute hospital services and the community, and were working with external partners to improve the flow of patients back home.
- Staff were consistent and proactive in supporting patients and families to live healthier lives. There was a focus on early identification and prevention and supporting people to improve their health and wellbeing. Patients were supported to make decisions about their care and treatment and where necessary, staff assessed mental capacity appropriately.

However:

- IT did not always support staff to record and share best practice of care and treatment for patients. This was a work in progress and the trust were prioritising IT systems to support staff to record relevant information to improve care and treatment.

Are services caring?

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

- Patients were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by staff, teams and the trust as a whole. From staff through to the board, there was a passion to ensure patients and families received the best care possible even when staffing numbers were a concern. Staff worked in areas of deprivation and culturally diverse communities and adapted their approach to ensure patients had their needs met, even when they were at risk when working alone.
- Feedback from patients and families across most services was continually positive about the way staff treated them. On many occasions staff went the extra mile to support care and treatment. There was a strong, visible person-centred culture.
- Staff recognised that patients and families required access to, and linked with, support networks in the community and they supported people to do this. Staff ensured that patients' communication needs were understood and shared this within teams.
- Patients and families were treated with dignity by those involved in their care and treatment. Staff considered privacy and dignity and this was embedded in everything they did, including awareness of specific needs such as communication and disability. Staff and the trust were committed to and enabled patients to remain as independent as possible.

Are services responsive?

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

- Some services did not meet people's needs. Children and families were waiting too long for neurodevelopment assessments. This was a critical time in the early lives of children and assessment would support better outcomes for them. This would allow them to access the right levels of care with regards to health and education throughout their life. Action to address this was not taken quickly enough and was not effective.
- Feedback from patients and families reported in the friends and family test that it was difficult to make appointments and generally get through to some services.
- Not all freedom of information requests were completed in a timely way however when the trust could not provide the information, they apologised.

However:

Summary of findings

- Most services understood the importance of flexibility and informed choice for patients. Patient and family's needs and preferences were considered and acted upon. Most services delivered care and treatment where preferences were considered and delivered in a consistent way.
- The trust did not own all the buildings where care was delivered and staff worked flexibly within external premises, such as GP centres.
- The needs and preferences of patients and families were taken into account when delivering and coordinating services. This included people who were approaching the end of life, those with protected characteristics such as disability, and those in vulnerable circumstances.
- Patients' and families knew how to give feedback to the trust and services and were confident their concerns were taken seriously and treated in a compassionate way. The complaints system was working well and the board were keen to learn from complaints and concerns.

Are services well-led?

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

- The trust still has further work to improve the experience of patients, families, the local population and staff.
- Most of the board were new to the trust therefore they were still embedding ways of working together that would improve services. The trust were only at the start of the process of training 600 managers who required leadership development and this had not yet impacted on the delivery of care or ensured that front line staff were supported appropriately.
- Further work was required to embed governance systems and for divisions to work effectively with each other.
- There were still high caseloads and staff morale was poor in health visiting teams. This had an impact on care delivered to families who required universal services.
- The experience of staff, in particular from black, Asian and minority ethnic staff remained a problem that the trust were trying to address. Representation from minority groups was not reflected in senior positions from band 8A and above. The staff survey of 2019 showed a decrease in responses from staff and the trust needed to do more to increase the numbers of staff who feedback on their experience of working in the trust.
- IT systems were not consistently used across the trust and staff were not using them effectively. The trust recognised this problem and were working towards improvement.
- Quality improvement was not embedded across the trust.

However:

- The trust had revised the vision, values and strategy and this was a positive change for staff. The trust had engaged patients, families, the wider community, external stakeholders and staff to develop the strategy and we could see that it would bring effective and sustainable improvement. Progress against delivery of the strategy and local plans was monitored and reviewed. The challenges to achieve the strategy, including relevant local health economy factors were understood and action plans were in place to address them.
- The majority of leaders at every level lived the vision and values of the trust and promoted compassionate and sustainable care. Candour, openness, honesty and challenges to poor practice were the norm. concerns were investigated sensitively and confidentially and lessons shared within divisions. When something went wrong, people received an apology and told what actions the trust would take to prevent it happening again.

Summary of findings

- The trust managed its finances well. The board had identified a shortfall in funding of children's and young people services and that partnership working was not effective to deliver safe, quality services. As a result, the trust worked with external stakeholders and partners to improve the delivery of care within the service and we saw evidence that improvement had occurred.
- The board worked well with the council of governors and they provided sufficient challenge and scrutiny to the trust. The governors had the skills and experience to undertake their work but required an improved approach to recruitment in order to ensure representation of the diverse communities of Birmingham.
- Appraisals and supervision for staff had improved since 2018. Staff were supported to develop their skills and knowledge through training and supervision.
- Across the trust, we saw a culture of collective responsibility and in most services teams and services had positive relationships with each other. The trust had promoted engagement with staff and overall they reported that executives of the board were visible, listened and took a genuine interest in the work they did.

Ratings tables

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

Outstanding practice

We found examples of outstanding practice in community end of life care, community mental health services for people with a learning disability or autism, and in community services for adults.

For more information, see the Outstanding practice section of this report.

Areas for improvement

We found areas for improvement including 10 breaches of legal requirements that the trust must put right. We found 13 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report

Action we have taken

We issued 10 requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of six legal requirements at a trust-wide level and four in one core service.

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

What happens next

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

Summary of findings

Outstanding practice

We found the following outstanding practice:

Community end of life care

- The community children's nurses and palliative care team were developing a specific sepsis identification tool which took into account the complex needs of their patient group. They had identified that standardised tools did not accurately reflect when their cohort of patients with a baseline of highly complex, multiple needs were at risk of developing or in the early stages of sepsis.
- The community children's nurses and palliative care team used charitable funds to provide Moses baskets and baby grows for parents with limited funds to use if their new-born baby was identified as immediately requiring end of life care. They also supported parents who wished to keep their child at home after death, until the funeral, providing "cuddle cots" and cooling blankets along with advice on how to safely preserve the body, which allowed bereaved parents to spend more time with their child.

Community mental health services for people with a learning disability or autism

- The service has developed ways to improve the care and treatment they offered to their patients, including setting up clinical reference groups and their MC STOMP work.
- One member of the team offered touch therapy to patients, which was a bespoke service which aimed to help patients who may have communication and behavioural problems.

Community services for adults

- Staff at the West Midlands rehabilitation centre ensured that patients with multiple appointments could be seen by each professional involved in their care on the same day so that patients received a very holistic multidisciplinary approach to their care and treatment.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust **must** take to improve

We told the trust that it must take action to bring services into line with <x> legal requirements. This action related to one service.

Trust wide

- The trust must ensure it acts on the findings of this inspection and any breach of regulations. **Regulation 17** HSCA (RA) Regulations 2014 Good governance
- The trust must ensure that all staff are fully engaged with change within the organisation including the vision of the trust, new partnership working and new models of care. **Regulation 17** HSCA (RA) Regulations 2014 Good governance
- The trust must improve IT systems to ensure staff have the necessary equipment and technology to safely undertake their work, and for the trust to assure itself that it receives data or notifications to improve performance. **Regulation 17** HSCA (RA) Regulations 2014 Good governance

Summary of findings

- The trust must improve the experience of staff from diverse backgrounds and improve equality, diversity and inclusion, including black, Asian and minority ethnic backgrounds that would lead to improved leadership positions of band 8A and above. **Regulation 17** HSCA (RA) Regulations 2014 Good governance
- The trust must embed quality improvement methodology across the trust to support innovation and best practice. **Regulation 17** HSCA (RA) Regulations 2014 Good governance
- The trust must ensure it fully implements the leadership programme for 600 managers to promote consistent management of staff and promotion of shared learning. **Regulation 17** HSCA (RA) Regulations 2014 Good governance

Community health services for children and young people

- The trust must ensure that all health visiting teams have safe staffing levels to provide children and their families with the care, treatment, support and advice they need. **Regulation 18** HSCA (RA) Regulations 2014 Staffing
- The trust must ensure that all staff are supported at work to reduce the stress they are reporting. **Regulation 18** HSCA (RA) Regulations 2014 Staffing
- The trust must ensure it reduces the waiting times for children and families to access neurodevelopmental services for an assessment. **Regulation 12** HSCA (RA) Regulations 2014 Safe care and treatment
- The trust must continue to ensure that it has effective governance systems and processes in place to identify, assess, monitor and mitigate risk within the children's community services it provides. **Regulation 17** HSCA (RA) Regulations 2014 Good governance

Action the trust **should** take to improve

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

Trust wide

- The trust should ensure the board works effectively together as they are relatively a new team and assure itself that there is sufficient challenge and scrutiny.
- The trust and public governors should review how it recruits into governor positions to improve representation of the diverse communities of Birmingham.
- The trust should improve communication between the divisions in the trust to improve learning from good practice and where concerns are raised.
- The trust should continue to engage with the population of Birmingham to ensure it fully understand the needs of its citizens.
- The trust should continue to improve communication with NHS partners in Birmingham to support patient care pathways and shared learning of incidents.
- The trust should review how it reviews freedom of information requests to make responses in a timely way.

Community health services for children and young people

- The trust should continue to develop its systems to record patient risk information centrally.
- The trust should continue its improvements in infection control procedures.

Community health services adults

- The trust should ensure that all patient records are complete and updated in a timely manner.

Summary of findings

- The trust should ensure that supervision, both clinical and management, is recorded on a regular basis and that the system for this is fully embedded for all teams.

Community mental health services for people with a learning disability or autism

- The trust should ensure that staff are consistently completing and updating patient care plans, and these are inputted onto their electronic patient notes system.
- The trust should ensure that equipment is checked and serviced according to the manufacturers guidelines within the North team.
- The trust should ensure that fridge temperatures are checked daily within the South team, to ensure medicines are kept at their optimum temperature.

Is this organisation well-led?

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

Our rating of well-led at the trust stayed the same. We rated well-led as requires improvement because:

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

- We rated the trust as requires improvement overall. We rated caring as outstanding, effective as good, and safe, responsive and well-led as requirement improvement.
- We rated five of the six trust's services as good and one as requires improvement. In rating the trust, we took into account the current ratings of the two services not inspected this time.
- Although we recognised that the trust had made significant improvements and the board had improved many of its systems, including the vision, values and strategy, there was much further work to be improved and completed. However, we were assured that the board and the trust was on a trajectory of positive change that would improve the experience of patients, families, the local population and staff.
- Staffing levels of health visitors remained low and staff in these teams were carrying high caseloads. Morale remained low in these teams and did not feel that leaders effectively engaged with them. This continued to be a problem that was seen at the previous inspections in 2018 and 2019. However, the trust had improved governance arrangements to address these problems and were working with external stakeholders to recruit into these posts and has a clear trajectory of improving staffing levels up to and including 2021.
- People could not always access the service when they needed it and did not always receive the right care in a timely way. Children and families were waiting too long for a neurodevelopmental assessment, including 147 weeks for the paediatric Attention Deficit Hyperactivity Disorder (ADHD) service, and 127 weeks for the paediatric physiotherapy service.
- There was further work to embed IT systems across the trust to ensure staff were using them effectively to monitor and plan care to patients. Not all clinical information was kept in the same place and staff required further support to ensure care plans were used effectively and up to date.

Summary of findings

- There was further work to engage with all staff groups to fully embed the vision and values of the trust. The staff survey in 2019 showed that less staff engaged with the process than in 2018, and although there were improvements in some areas of staff feedback there were areas that required immediate attention, such as equality, diversity and inclusion, and providing a safe environment for staff. Overall, the trust performed worse in the staff survey compared to comparable trusts nationally.
- Although the experience of staff from a black, Asian and minority ethnic background had improved since 2018, there was further work to undertake to recruit into senior leaders roles, including band 8A and above.
- Not all staff were following infection control practice in accordance with infection control standards.
- Need to strengthen learning across the organisation to ensure it is shared across all front line services.
- We were not assured that opportunities were in place for the five divisions to learn from each other to drive development and opportunities of front line services.
- The trust did not have a defined quality improvement methodology.
- The trust did not always respond in a timely way to freedom of information requests.

However;

- The service had enough staff in most services to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and in most services, did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Most staff understood the service's vision and values, and how to apply them in their work. The majority of staff felt respected, supported and valued. Leaders had improved staff access to clinical supervision. Staff were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Ratings tables

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

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

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

Ratings for the whole trust

| Safe | Effective | Caring | Responsive | Well-led | Overall |
|---------------------------------------|-----------------------|------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Requires improvement ↔ Apr 2020 | Good ↔ Apr 2020 | Outstanding ↑ Apr 2020 | Requires improvement ↓ Apr 2020 | Requires improvement ↔ Apr 2020 | Requires improvement ↔ Apr 2020 |

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

Ratings for community health services

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---------------------------------------|---------------------------------------|------------------------------|-----------------------------|---------------------------------------|---------------------------------------|
| Community health services for adults | Good ↔ Apr 2020 | Good ↔ Apr 2020 | Outstanding ↑ Apr 2020 | Good ↔ Apr 2020 | Good ↔ Apr 2020 | Good ↔ Apr 2020 |
| Community health services for children and young people | Requires improvement ↑ Apr 2020 | Requires improvement ↔ Apr 2020 | Good ↔ Apr 2020 | Inadequate ↓ Apr 2020 | Requires improvement ↑ Apr 2020 | Requires improvement ↑ Apr 2020 |
| Community health inpatient services | Requires improvement Oct 2018 | Good Oct 2018 | Good Oct 2018 | Good Oct 2018 | Good Oct 2018 | Good Oct 2018 |
| Community end of life care | Good ↔ Apr 2020 | Good ↔ Apr 2020 | Outstanding ↔ Apr 2020 | Good ↔ Apr 2020 | Good ↔ Apr 2020 | Good ↔ Apr 2020 |
| Community dental services | Good Sept 2014 | Good Sept 2014 | Good Sept 2014 | Good Sept 2014 | Good Sept 2014 | Good Sept 2014 |
| Learning Disability Services | Good ↔ Apr 2020 | Good ↔ Apr 2020 | Good ↔ Apr 2020 | Good ↔ Apr 2020 | Good ↔ Apr 2020 | Good ↔ Apr 2020 |

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

Community health services for children and young people

Requires improvement  

Key facts and figures

The children's and families division includes a wide range of accessible and responsive, universal and specialist services which are provided for children, young people and families in homes, schools and clinics across Birmingham. The division works closely with maternity, education, social care and third sector partners. Every child is supported by Birmingham Forward Steps from pre-birth to five years old which are part of the new early years health and wellbeing service, together with children's centres.

Nurses in mainstream and specialist schools provide continuing health checks, immunisations (Birmingham and Sandwell) and support. For children with additional needs, specialist support is also provided in families homes, the five child development centres and special schools by teams of specialist nurses, community paediatricians and allied health professionals.

The division also has a short breaks facility at Edgewood Road which provides breaks for children with long term conditions, disabilities and/or complex health needs from the age of five to eighteen years old. The service provides 24-hour care seven days a week throughout the year. The care is provided by an integrated health and social care team and the bungalow is based within a 16 bedded facility that also offers residential support for 10 children who are cared for by staff. Referral to the service is via the community child in need resource panel. The team undertake comprehensive health assessments and holistic care plan to ensure children health needs are met and within appropriate peer and friendships groups.

The service provides a homely and safe environment where children have the opportunity to access play and leisure activities with other children. During their stay children can experience a range of indoor and outdoor activities including sensory room and large garden with play equipment that is easily accessible to the children.

The nursing team consists of children's and learning disability nurses and health care assistants. The team are committed to providing high quality short breaks for children and families and recognise how important it is for families to feel confident that the care provision offered is well equipped to meet their child or young person's holistic needs.

Details of the children's services provided by the trust are below.

- Birmingham Child Development Centres
- Birmingham Health Visitor Service
- Birmingham School Health Advisory Service (including school health support service)
- Birmingham Speech and Language Therapy Service
- Child Health Information System
- Children in Care team
- Children's Rapid Response Team
- Community Children's Nurses and Palliative Care
- Community Paediatrics / Medicine – Attention Deficit Hyperactivity Disorder (ADHD), Autistic Spectrum Disorder (ASD) and Autism

Community health services for children and young people

- Immunisation Services
- Infant feeding team
- Paediatric Dietetics
- Paediatric Eye Service
- Paediatric Occupational Therapy
- Paediatric Physiotherapy Service
- Paediatric Short Breaks Training Service
- Special School Nursing
- Turtles Short Breaks at Edgewood Road

The Care Quality Commission last inspected the service in May 2018 as part of its comprehensive inspection programme and rated the community health services for children and families as inadequate overall. We told the trust it must improve its services in key areas. These included its risk assessments of patients and lone working arrangements for staff, its infection control procedures, safeguarding training, patient outcome measures, staff supervision and staffing levels and the patient environment. During this 2020 inspection, we looked at the progress the community health services for children and families had made towards these improvements. We received data and information from the trust on all community health services for children, young people and families. However, the inspection team focussed on services that required scrutiny following the inadequate rating in 2018. These were the health visiting service and their delivery of the universal healthy child programme for every child under five years old, the children in care team, the school nursing service and the community paediatrics/medicine teams who work with children with Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorder (ADS).

During the inspection we:

- spoke with 21 children/young people
- spoke with 6 relatives of children using the services
- observed care to 11 children/young people
- reviewed 54 patient records
- spoke with 114 members of staff at different grades from band 3 to band 8 nurses; safeguarding children leads; doctors, consultants and therapists; divisional managers and clinical director for children and families
- reviewed trust policy documents and strategy plans
- visited 16 service sites.

Summary of this service

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

- The health visiting service did not have enough staff to care for children and young people and keep them safe and staff did not always manage control of infection risk well.

Community health services for children and young people

- The trust's new models of planning and delivering care to meet the needs of local people had not been fully implemented and staff were not always aware of how these new ways of working could improve their planning and delivery of care locally.
- People could not always access the service when they needed it and sometimes waited too long for treatment, in particular, children and families waited far too long for a neurodevelopment assessment.
- Staff did not always feel respected, supported and valued by senior managers and were not always clear about their roles and accountabilities within the new models of planning and delivering care.

However;

- Staff had training in key skills, understood how to protect children, young people and their families from abuse, and managed safety well.
- Staff assessed risks to children and young people, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave children and young people enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of children, young people and their families, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to children and young people, families and carers.
- Senior managers ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work
- Staff engaged well with children, young people and the community to plan and manage services and all staff were committed to improving services continually. They were focused on the needs of children and young people receiving care.

Is the service safe?

Requires improvement ● ↑

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

- Our previous report in 2018 highlighted that the health visiting service did not have enough staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Our judgement did not change at this inspection. We did not see any cases of harm because there were not enough staff with the right qualifications, skills, training and experience. However, we were not assured that children and families were fully safe.
- The health visiting service did not control infection risk well. Staff did not always use equipment and control measures to protect children, young people, their families, themselves and others from infection. They did not always keep equipment and the premises visibly clean.

However;

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Community health services for children and young people

- Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well. When providing care in children and young people's homes staff took precautions and actions to protect themselves and children, young people and their families.
- Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration.
- The trust were working towards a centrally located electronic record system to ensure safeguarding assessments were easily accessible to all staff.
- Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of children and young people's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, children, young people, their families and the public.

Is the service effective?

Requires improvement ● → ←

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

- The service did not always provide care and treatment based on national guidance and evidence-based practice because some care plans did not include transition plans or specific care plan outcomes agreed with the patient.
- Senior managers responsible for ensuring the delivery of care in partnership with other agencies as part of the Birmingham Forward Steps new model of delivering care had not ensured its effective roll out to all teams. The neuro developmental pathway for Attention Deficit Hyperactivity Disorder (ADHD) and autism also required further multidisciplinary team work development to fully benefit children, young people and their families. Further work was required to ensure that joint working provided good care and that partner agencies communicated effectively with each other at a local team level.

However;

- Staff regularly checked if children and young people were eating and drinking enough to stay healthy and help with their recovery. They worked with other agencies to support patients who could not cook or feed themselves.
- Staff gave children, young people and their families practical support and advice to lead healthier lives. Staff assessed and monitored children and young people regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Community health services for children and young people

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff always had access to up-to-date, accurate and comprehensive information on children and young people's care and treatment. All staff had access to an electronic records system that they could all update.

Is the service caring?

Good ● → ←

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

- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to children, young people, families and carers to minimise their distress. They understood children and young people's personal, cultural and religious needs.
- Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

Is the service responsive?

Inadequate ● ↓

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

- The service did not plan and provided care in a way that met the needs of local people and the communities served. The service did not always work responsively with others in the wider system and local organisations to plan care. We found that new models of care were not fully embedded in local teams to respond to local needs. This meant that care was not always coordinated with other services.
- People could not always access the service when they needed it and did not always receive the right care in a timely way. Children and families were waiting too long for a neurodevelopmental assessment, including 147 weeks for the paediatric Attention Deficit Hyperactivity Disorder (ADHD) service, and 127 weeks for the paediatric physiotherapy service.

However;

- The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people and their families in the investigation of their complaint.

Community health services for children and young people

Is the service well-led?

Requires improvement ● ↑

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

- Managers did not always have the right skills and abilities to run the service and sometimes did not understand or manage the priorities and issues the service faced. They were often not visible and approachable in the service for children, young people, their families and staff. The service's vision for what it wanted to achieve and the strategy to turn it into action had not been effectively communicated to staff locally.
- Staff sometimes did not feel respected, supported and valued. The service promoted equality and diversity in daily work and provided opportunities for career development.
- Staff did not always have a good understanding of quality improvement methods or have the skills to use them.

However;

- Managers supported staff to develop their skills and take on more senior roles and were focused on the needs of children and young people receiving care.
- The service had an open culture where children and young people, their families and staff could raise concerns without fear.
- Managers operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Managers and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Managers and staff actively and openly engaged with children, young people, their families, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for children and young people.

Areas for improvement

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

Community health services for adults

Good   

Key facts and figures

The trust provides services for adults under two different areas:

Adults & Specialist Rehabilitation:

The trust provides a range of technical services for patients in the West Midlands and nationally to assist them in managing their disabilities. The services include prosthetics & orthotics, Access to communication technology, wheelchairs, functional electronic stimulation, specialist clinics, vocational rehabilitation, community stroke teams, podiatry, dietetics and musculoskeletal conditions. Services are commissioned by specialist commissioners in NHS England and the local Commissioning groups.

Adults & Community:

The trust provides integrated multidisciplinary teams who offer community nursing, therapy and clinical case management to patients in their own home and clinic settings. These services provide all palliative care and symptom control management for end of life patients and a broad range of clinical interventions and therapies.

Rapid response hubs provide urgent holistic assessment of the deteriorating/unstable patient. Key clinicians within the hubs include access to a nurse and physiotherapist/occupational therapist assessor as well as access to mental health nurse assessment provided by another trust. The service supports the patient with aspects of health and social needs until a social package can be arranged as well as offering IV therapy and DVT pathways. To assist the acute hospitals the team also provide 'front door' community advanced nurse practitioner assessment which supports acute staff to know if the patient can be managed in the community setting and avoid admission.

The trust also has 10 specialist nursing teams who provide assessment, advice and treatment to patient (dependent on commissioning arrangements). These services include diabetes care, lymphoedema, tissue viability, continence, CKD, heart failure, Parkinson's care, sickle cell and thalassemia, respiratory and cardiac rehabilitation.

The adult community service also works closely with other community teams including nutrition and dietetics, podiatry and MSK services.

Our inspection was announced 48 hours before (staff knew we were coming) to ensure that everyone we needed to talk to was available and that we could accompany staff on home visits.

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

During the inspection, the inspection team:

- visited six integrated multidisciplinary teams (Tower Hill, Woodgate Valley, Small Health, Finch Road, Stirchley and Kings Norton), the specialist nursing teams base at St Stephens, the early supported discharge stroke team based at Moseley Hall hospital and the West Midlands Rehabilitation Centre (spasticity clinic, amputee clinic and the functional electrical stimulation service) looked at the quality of the environments and observed how staff were caring for patients
- spoke with 15 managers of services including team leaders, clinical case managers and matrons for community services
- spoke with 25 patients who were using the service and 12 carers

Community health services for adults

- spoke with 38 staff including nurses, occupational therapists, practice teachers, clinical skills facilitators, administration staff, rehabilitation engineers, healthcare assistants and physiotherapists
- looked at 43 patient care records
- attended and observed four clinics and one handover, and attended 15 home visits
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, checked that patients ate and drank enough, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with high levels of compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers and ensured they were actively involved in their own care. All services we visited had a strong person-centred culture which staff displayed throughout the care and support they provided. Staff were highly motivated to keep patients at the centre of everything they did and patients and carers we spoke with thought highly of the services they received and the were full of praise for the staff who delivered them.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- We found out of the 42 sets of patient records we reviewed six were not clear and up to date.
- Staff did not always record that supervision had taken place. The trust was introducing a system which would make recording easier but this was not fully embedded.

Is the service safe?

Good   

Community health services for adults

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

- The trust provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The services controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Staff kept equipment and their work area visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. When providing care in patients' homes staff took precautions and actions to protect themselves and patients.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and the public.

However:

- Although staff kept detailed records of patients' care and treatment we found a small number of records at the Small Heath integrated multidisciplinary team were not clear and up-to-date.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff regularly checked if patients were eating and drinking enough to stay healthy and help with their recovery. They worked with other agencies to support patients who could not cook or feed themselves.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The services made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Community health services for adults

- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

However:

- Although managers made sure staff were competent for their roles, appraised staff's work performance and held supervision meetings with them to provide support and development this was not recorded well, and the trust was working on systems to improve this, but this was not in place or embedded at the time of the inspection.

Is the service caring?

Outstanding  

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. We observed that staff truly respected patients as individuals and empowered them to be partners in their care. Staff demonstrated high levels of understanding of the needs of their patients and used this to inform the care and treatment they delivered.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Staff gave numerous examples where they had gone above and beyond their role to ensure a patient was safe and that they were receiving support for both their physical health and mental wellbeing.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. They actively involved patients in the planning of their care and ensured they and their families were given information about their treatment in a way that they could understand. Feedback from patients and families spoke about staff who were passionate, dedicated and caring and everyone we spoke with was positive about the high standard of care they received.
- The trust was inclusive in the way it gathered patient and carer feedback to ensure services were delivered that met their needs and those of the community they served.

Is the service responsive?

Good   

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care in a timely way.

Community health services for adults

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Good ● → ←

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Community end of life care

Good   

Key facts and figures

Birmingham Community Healthcare NHS Foundation Trust provides end of life care services to people who are registered with a GP in the Birmingham area. There are three separate divisions within the trust, which each provides an aspect of the end of life care service.

Adults and Specialist Rehabilitation

Community inpatient health services for adult end of life care at this trust are offered at West Health Hospital. This is an inpatient service with 20 beds based on The Sheldon Unit (Ward 11). The unit has 19 beds for patients with a life limiting diagnosis in the final 12 months of life requiring end of life and palliative care. The unit also has respite bed for patients with a life limiting diagnosis in the final 12 months of their life. The Sheldon Unit links directly with acute hospital and external partners to facilitate end of life care services.

Adults and Community

The adult community services division offers palliative and end of life care to patients registered with a Birmingham GP. Patients are seen by district nurse teams clinically attached to GP practices across Birmingham. Any adult with a palliative diagnosis can be referred to a district nurse team for assessment.

The district nurse undertakes a holistic assessment and agrees with the patient all future visits for support and symptom control based on their and their family's needs. The service also provides dedicated end of life care to patients who choose to die in their own homes. The service operates over 24 hours with access to registered nurses during the night to manage breakthrough pain and other symptoms.

The Rapid Response Team supports admission avoidance and assisted discharge for patients at the end of their life. It offers urgent access to health and social support whilst awaiting continuing healthcare assessment or the commencement of a care package. The team works closely with the district nurses and other allied health professionals to ensure the patient can die at home with dignity and with controlled symptoms.

The teams have direct access to the Sheldon unit, the dedicated palliative care facility at West Heath Hospital.

Children and Families

The Community Children's Nurses and Palliative care team provide end of life care within the community for children and young people with life limiting or life-threatening conditions. For families where home is not their place of choice, the team provides emotional support within other settings to maintain continuity of care. There is a 24/7 on call system where anticipatory medications and prescribing support is available.

Our inspection was announced (staff knew we were coming) three days before to ensure that everyone we needed to talk to was available.

During the inspection visit, the inspection team:

- visited the Sheldon inpatient unit for adults, the Community Children's Nurses and Palliative Care team and three Integrated Multidisciplinary Teams providing community end of life care for adults in the community
- we looked at the quality of the environments and observed how staff were caring for patients
- spoke with four patients who were using the service

Community end of life care

- spoke with nine relatives of adults using the service
- spoke with seven parents of children and young people using the service
- spoke with the senior leaders, managers and team leaders of the service
- spoke with 32 other staff members including doctors, nurses, healthcare assistants, physiotherapists, non-medical prescribers, administrators and student nurses
- attended and observed two patient handover meetings, a virtual clinic, three safety huddle meetings, a medication round and a lunch time staff training session
- attended and observed six patient home visits and a school visit
- looked at 26 patient care and treatment records and five patient medication charts
- looked at a range of policies, procedures and other documents relating to the running of the service included data supplied by the trust

The Care Quality Commission last inspected the service in 2014, when it was rated good overall, with a rating of outstanding in caring.

Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, checked patients ate and drank enough to stay healthy, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Community end of life care

Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. They used control measures to prevent the spread of infection before and after the patient died.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. When providing care in patients' homes staff took precautions and actions to protect themselves and patients.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and the public

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff regularly checked if patients were eating and drinking. They worked with other agencies to support patients who could not cook or feed themselves.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Community end of life care

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff gave patients practical support to help them live well until they died.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Is the service caring?

Outstanding ☆ → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Parents and relatives told us staff went above and beyond what was expected of them. One nurse in the Children's Community Palliative Care team learned British Sign Language in order to communicate with a patient. The team also arranged a big birthday party for one seriously ill young person who had wished for it and supported a family to arrange a theatre trip they never believed would be possible, providing care and support throughout the event.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Community nurses were seen to have bought birthday cards and Mothers' Day flowers for patients living alone. They arranged for a paid carer to be with a patient during the last hours of their life because their relative had been unable to reach them and was distressed that the patient would die alone.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. They provided key training and support to parents and relatives, which enabled them to be key partners in the delivery of their care, enabling them to keep their relative at home because they wanted to.

Is the service responsive?

Good ● → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Community end of life care

- Patients could access the specialist palliative care service when they needed it. Waiting times from referral to achievement of preferred place of care and death were in line with good practice.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Good ● → ←

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Outstanding practice

We found two examples of outstanding practice in this service. See the Outstanding practice section above.

Community mental health services for people with a learning disability or autism

Good   

Key facts and figures

The service provides a holistic and tailored approach to delivering specialist healthcare to enable people with learning disabilities to maximize their potential and quality of life.

The diverse nature of the service users' clinical needs means that staff adopt a person-centred approach to assessment and the delivery of interventions. This is achieved through multi-disciplinary team working to ensure the delivery of needs-based pathways of care.

The support is delivered across a range of locations within Birmingham such as the patient's home, GP centres and multi-disciplinary team bases which include: Community Nursing, Health Facilitation, Psychiatry, Psychology, Speech and Language Therapy, Dietetics, Occupational Therapy, Physiotherapy, Community Forensic Service, Day services, Older Adults, Epilepsy, Massage/Touch Therapy, Family Therapy and an Intensive Support Team.

The service aims to work in partnership within clinical pathways to be a responsive, accessible service for patients. The service seeks to promote multi-agency working to strive for a seamless transition of care between primary, secondary and tertiary care.

In addition to the community service, the service offers a day service for people with a learning disability and complex health needs, who benefit from the nursing care to enhance engagement opportunities in meaningful day time activity.

The service offered care and treatment to people aged 19 and above. Services were delivered from three sites: Greenfields – South team, Jaffray – North team and Riverside – Central team.

Our inspection was announced (staff knew we were coming) three days before to ensure that everyone we needed to talk to was available.

During the inspection visit, the inspection team:

- visited all three team bases, looked at the quality of the environments and observed how staff were caring for patients
- spoke with two patients who were using the service
- spoke with seven carers
- spoke with the senior leaders and managers for the service
- spoke with 24 other staff members including doctors, nurses, psychologists, psychologist assistant, speech and language therapists, occupational therapists, touch therapist and administration staff
- spoke with two professionals from outside of the organisation, including one from the clinical commissioning group
- attended and observed seven multi-disciplinary meeting and staff meetings
- attended and observed eight patient's appointment
- looked at 17 care and treatment records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service

Community mental health services for people with a learning disability or autism

The Care Quality Commission last inspected the service in 2014 and it was rated good overall.

Summary of this service

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

- The service provided safe care. Clinical premises where patients were seen were safe and clean. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed. Staff managed waiting lists well to ensure that patients who required urgent care were seen promptly. Staff assessed and managed risk well and followed good practice with respect to safeguarding.
- Staff developed holistic, recovery-oriented plans of care informed by a comprehensive assessment and in collaboration with families and carers. They provided a range of treatments that were informed by best-practice guidance and suitable to the needs of the patients. Staff engaged in clinical audit to evaluate the quality of care they provided.
- The teams included or had access to the full range of specialists required to meet the needs of the patients. Managers ensured that these staff received training, supervision and appraisal. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.
- Staff understood the principles underpinning capacity, competence and consent and managed and recorded decisions relating to these well.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood the individual needs of patients. They actively involved patients and families and carers in care decisions.
- The service was easy to access and staff and managers managed waiting lists and caseloads well. The criteria for referral to the service did not exclude patients who would have benefitted from care. Staff assessed and initiated care for patients who required urgent care promptly and those who did not require urgent care did not wait too long to receive help.
- The service was well led and the governance processes ensured that procedures relating to the work of the service ran smoothly.

Is the service safe?

Good ● → ←

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

- All clinical premises where patients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.
- The service had enough staff, who knew the patients and received basic training to keep patients safe from avoidable harm. The number of patients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each patient the time they needed.

Community mental health services for people with a learning disability or autism

- Staff assessed and managed risks to patients and themselves. They responded promptly to sudden deterioration in a patient's health. When necessary, staff worked with patients and their families and carers to develop crisis plans. Staff monitored patients on waiting lists to detect and respond to increases in level of risk. Staff followed good personal safety protocols.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health. They knew about and worked towards achieving the aims of STOMP (stopping over-medication of people with a learning disability, autism or both).
- The teams had a good track record on safety. The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- Equipment at the North team had not been serviced in line with the manufacturers guidelines and daily fridge temperature were not checked consistently within the South team.

Is the service effective?

Good   

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

- Staff undertook functional assessments when assessing the needs of patients who would benefit. They worked with patients and with families and carers to develop personalised, holistic personal behaviour plans for all patients who would benefit.
- Staff provided a range of treatment and care interventions that were informed by best-practice guidance and suitable for the patient group. They ensured that patients had good access to physical healthcare and supported patients to live healthier lives.
- Staff understood and applied NICE guidelines in relation to behaviour that challenges. This included support for families, early identification and assessment, psychological and environmental interventions, medications and interventions for co-existing health and sleep problems.
- Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.
- The teams included or had access to the full range of specialists required to meet the needs of patients under their care. Managers made sure that staff had a range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

Community mental health services for people with a learning disability or autism

- Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. The teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice.
- Staff supported patients to make decisions on their care for themselves proportionate to their competence. They understood how the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity. Staff worked with the patient's support network to ensure best interest decisions were made when relevant.

However:

- There were inconsistencies in care planning. Generally, care plans reflected the assessed needs, although they were not always present for all patients or updated regularly.

Is the service caring?

Good  → ←

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

- Staff treated patients with compassion and kindness. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.
- Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to advocates when needed.
- Staff informed and involved families and carers fully in assessments and in the design of care and treatment interventions.

Is the service responsive?

Good  → ←

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

- The service was easy to access. Its referral criteria did not exclude patients who would have benefitted from care. Staff assessed and initiated care to patients who required urgent care promptly and patients who did not require urgent care did not wait too long to start receiving care. Staff followed up patients who missed appointments.
- The teams met the needs of all patients including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural support.
- Staff had the skills, or access to people with the skills, to communicate in the way that suited the patient.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Community mental health services for people with a learning disability or autism

Is the service well-led?

Good ● → ←

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

- Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for patients and staff.
- Staff knew and understood the provider's vision and values and how they were applied in the work of their team.
- Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.
- Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.
- Teams had access to the information they needed to provide safe and effective care and used that information to good effect.
- Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.
- Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnerships.

Outstanding practice

We found two examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Nursing care

Surgical procedures

Treatment of disease, disorder or injury

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Nursing care

Surgical procedures

Treatment of disease, disorder or injury

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Assessment or medical treatment for persons detained under the Mental Health Act 1983

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Nursing care

Surgical procedures

Treatment of disease, disorder or injury

This section is primarily information for the provider

Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

Our inspection team

Julie Meikle, Head of Hospitals Inspection chaired this inspection and Paul Bingham, Inspection Manager led it. An executive reviewer, Andrew Ridley, Chief Executive of a NHS Trust, supported our inspection of well-led for the trust overall.

The team included one further inspection manager, one inspector, one assistant inspector, and three specialist advisors.

Executive reviewers are very senior healthcare leaders who support our inspections of the leadership of trusts. Specialist advisors are experts in their field who we do not directly employ.