

Cumbria Partnership NHS Foundation Trust

RNN

Community health services for adults

Quality Report

Voreda House,
Portland Place,
Penrith,
Cumbria,
CA11 7BF

Tel: 01228 602000

Website: www.cumbriapartnership.nhs.uk

Date of inspection visit: 9 - 13 November 2015

Date of publication: 23/03/2016

Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RNNBE	Penrith Community Hospital	Community Health services for Adults	CA11 8HX
RNNCB	Cockermouth Hospital	Community Health services for Adults	CA13 9HT
RNNDJ	Voreda	Community Health services for Adults	CA11 7BF
RNNBD	Mary Hewetson Cottage Hospital	Community Health services for Adults	CA12 5PH
RNNBF	Brampton War Memorial Hospital	Community Health services for Adults	CA8 1TX
RNNY1	Workington Community Hospital	Community Health services for Adults	CA14 2UF







This report describes our judgement of the quality of care provided within this core service by Cumbria Partnership NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Cumbria Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Cumbria Partnership NHS Foundation Trust

Summary of findings

Ratings

Overall rating for the service		Good	
Are services safe?		Requires improvement	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive?		Good	
Are services well-led?		Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	5
Background to the service	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
What people who use the provider say	7
Good practice	7
Areas for improvement	7

Detailed findings from this inspection

The five questions we ask about core services and what we found	8
Action we have told the provider to take	22

Summary of findings

Overall summary

Overall rating for this core service was good:

Staff were encouraged to report incidents and systems were in place following investigation to help rapidly disseminate learning.

The delivery of care and treatment was based on guidance issued by professional and expert bodies such as the National Institute for Health and Care Excellence (NICE) guidelines in the treatment of head injury.

Patients had self-management plans to help them to stay well and manage long-lasting respiratory conditions; therefore they avoided hospital admission. The response times to treatment in relation to restorative dentistry, physiotherapy, diabetes, and neuroscience were good.

Patients and their relatives were treated with kindness, dignity and respect, and we saw compassionate care being delivered.

The service was planned and delivered to meet patient needs. People with urgent care needs were prioritised for treatment and their needs were met in a timely way. Patients waited less than 18 weeks for a first appointment relating to physiotherapy, diabetes, and neuroscience. This was similar or better than the national target of 95% for a first appointment to attend these specialist services within 18 weeks.

Complaints were taken seriously, discussed with staff in their team meetings and included lessons learnt.

The service had a vision, mission and strategy which they clearly published for people and staff to see. Their values were known by staff. The chief executive and their team encouraged people and staff to have a voice and contribute to the way the service developed.

There was good local management and leadership. However, due to the recently restructure of the service some staff did not have confidence in the changes and told us they did not feel supported by middle management. They felt the changes in working practices relating to staffing, had not been fully discussed and they had not felt listened to.

The trust produced a 'Trust Talk' newsletter for patients, the public and members of staff. The newsletter kept people up to date with information about the services and included patient stories and challenges the trust needed to address.

We also found:

Work had commenced to review staffing levels in relation to caseloads and service provision. However, not all actions had been fully implemented or embedded in practice. In some areas there were shortfalls in staffing and although due to the goodwill of staff they continued to provide a service, they were not able to fully meet the needs of the patients.

Data showed mandatory training compliance across the teams was 75% with a trust target of 80%.

Training had been added to the risk register for the community teams in the north and south of Cumbria and the physiotherapy team in Furness. The service had an action plan, with a review date to address the concern and for staff to access training.

Information provided by the trust showed not all non-medical staff had an appraisal in the last 12 months. However, records held locally showed staff had received a 12 months appraisal, or they had a date booked when their appraisal would take place.

Record keeping was generally of a good standard. However, not all staff had been consistently recording in both electronic and paper care documentation when the information related to the same patient. Managers were aware of these issues and were implementing through a pilot, the use of mobile laptops in the community. Staff also reported they were in the process and being supported to use the electronic form of record keeping. This meant paper records would not be used which would address the inconsistencies in record keeping.

Several policies were past their review date. This could have meant staff did not always follow up to date guidance.

Summary of findings

Background to the service

Information about the service:

Cumbria Partnership NHS trust provided a wide range of services for adults within the community across Cumbria. These services were provided in patients homes, including residential and nursing home settings, community centres, clinics, GP Practices and community hospitals.

The trust adult services within the community included: Cardiac rehabilitation services, community respiratory services, continence service, adult dietetics, district nursing, out of hospital care- Carlisle, Longtown and Brampton, occupational therapy, physiotherapy, podiatry, tissue viability nurses, integrated rapid response service- south, Solway case management team and adult speech and language therapy.

As part of this inspection we visited a cross section of these services which included: community nursing; early supported stroke discharge; rehabilitation; physiotherapists; respiratory; podiatry; heart failure and cardiac rehabilitation team; unscheduled care and rapid response; out of hospital care and integrated rapid response.

Cumbria ranked 86th nationally for overall deprivation (out of 152 upper tier local authorities, where one is the most deprived); Barrow-in-Furness falls within the 10% most deprived nationally for overall deprivation, and was the 5th most deprived district nationally for health deprivation and disability. Copeland was the second most deprived district in the county and was within the 10% most deprived nationally for health deprivation and disability; Eden was the second least deprived district in the county.

Our inspection team

Our inspection team was led by:

Chair: Paddy Cooney,

Head of Inspection: Jenny Wilkes, Care Quality Commission

Team Leaders: Brian Cranna, Inspection Manager (Mental Health) Care Quality Commission

Sarah Dronsfield, Inspection Manager (Acute) Care Quality Commission

The team included CQC inspectors and a variety of specialists: consultant psychiatrists, experts by experience who had personal experience of using or caring for someone who uses the type of services we were inspecting, health visitors, Mental Health Act Reviewers, a social worker, pharmacy inspectors, registered nurses (general, mental health and learning disabilities nurses), a school nurse and senior managers.

Why we carried out this inspection

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

How we carried out this inspection

To get to the heart of patients' experiences of care, we routinely ask the following five questions of services and the provider:

- Is it safe?
- Is it effective?

Summary of findings

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

Before inspecting, we reviewed a range of information we hold about the service and this included information we received from the trust.

We carried out an announced visit on the 9 to 13 November 2015. During the visit we held focus group meetings, spoke with 78 staff who worked within the service, such as nurses, health care assistants, therapists, administration staff and managers. We talked with 9 people who use services. We observed how people were being cared for, talked with carers and/or family members and reviewed 27 care or treatment records of people who use services.

What people who use the provider say

Patients told us that staff in the community health services for adults were professional, respectful, and supportive of their needs and in decisions about their care. They received caring services and would recommend them to other patients.

Examples of comments from people using the service included:

Within the musculoskeletal service: One person told us it was their first appointment and they had been seen within two weeks from first seeing their general practitioner. They were satisfied with the service and said the staff were, "Kind and attentive."

When visiting with district nurses one person told us, the staff were excellent, the "service is a life line, nurses are a credit to the community." "Staff listen and are there if you need a shoulder to cry on."

Good practice

The South Lakes Community Respiratory staff had produced 'self-management' booklets/ plans for patients who had bronchiectasis or chronic obstructive pulmonary disease (COPD).

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

- The trust must ensure at all times there are sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patients' dependency levels.
- The trust must ensure all staff have completed mandatory training, role specific training and had an annual appraisal.
- The trust must ensure policies and patient group directives are updated and a system put in place to review these in a timely manner.
- The trust must ensure when using two forms of care records they both contain the same information to provide continuity and safe care for patients.

Cumbria Partnership NHS Foundation Trust

Community health services for adults

Detailed findings from this inspection

Requires improvement



Are services safe?

By safe, we mean that people are protected from abuse

Summary:

We rated the safe domain for the service as requires improvement.

Although work had commenced to review staffing levels in relation to caseloads and service provision, these had not been fully implemented or embedded in practice. In some areas there were shortfalls in staffing. Although, due to the goodwill of staff they continued to provide a service, they were not always able to fully meet the needs of the patients.

Data showed mandatory training compliance across the teams was 75% with a trust target of 80%.

Training had been added to the risk register for the community teams in the north and south of Cumbria and the physiotherapy team in Furness. The service had an action plan, with a review date to address the concern and for staff to access training.

Record keeping was generally of a good standard. However, not all staff were consistently recording in both electronic and paper care documentation when the information related to the same patient. Managers were aware of these

issues and were implementing through a pilot, the use of mobile laptops in the community. Staff also reported they were in the process and being supported to use the electronic form of record keeping. This meant paper records would not be used which would address the inconsistencies in record keeping.

Staff were encouraged to report incidents and systems were in place following investigation to disseminate learning to staff.

Systems were in place to protect patients from abuse and staff were aware of the procedures to follow.

Safety performance:

- The community health services for adults participated in the National Health Service (NHS), Safety Thermometer. The NHS Safety Thermometer was an improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care.

Evidence provided by the trust showed:

Are services safe?

- The number of new pressure ulcers between August 2014 and August 2015 was 0.1% to 1.5%. Which was better than the national average for August 2015 of 4%
- The number of falls between August 2014 and August 2015 was 0.2% to 1%. The national average for August 2015 was 0.6%.
- During the same period the number of recorded catheter and new Urinary Tract Infections (UTI's) was between 0 and 0.4%, which was better than the national average of 0.8% for August 2015.

This meant the overall number of pressure ulcers, falls, catheter and urinary tract infections were lower than the national average for August 2015.

Incident reporting, learning and improvement:

- There had been no never events in community health services for adults reported. Never events are serious, preventable safety incidents that should not occur if the available preventive measures had been implemented.
- All staff told us they were encouraged to report incidents and were able to explain the procedure.
- A root cause analysis (RCA) had taken place into serious incidents. A RCA is a method of problem solving that tries to identify the root cause of incident. When incidents do happen, it is important lessons are learned to prevent the same incident occurring again.
- Staff told us they received individual feedback when reporting incidents and this was confirmed by their managers.
- We saw minutes of locality meetings which showed that staff had updates and feedback, learning and action plans from incidents.
- A lessons learnt bulletin, relating to the outcome of incidents was produced by the governance team. Staff said this was every three months and we saw it was available on the trust network.
- One of the areas we inspected was community physiotherapy. They had a clear system for recording incidents, actions taken and lessons learned. This included the recording of verbal information the manager had received from staff.

- Incidents were reported through a trust wide electronic reporting system. This meant management had an overview of the incidents reported and were able to see any developing trends.
- A total of 832 incidents had been reported between 01 July and 31 October 2015. Sixty four incidents related to medication; 32 related to safeguarding incidents; 18 related to violence or aggression; 13 security incidents; two related to deaths, and one related to an incident of self-harm. One hundred and four incidents related to no injury or harm to the patient; the remaining mainly related to low harm/injury and grade one pressure sores.
- The monthly, medicines incident report for the trust board showed a national medication safety network had been set up. The Head of Pharmacy was registered as the trust's Medication Safety and Clinical Governance Officer on the network. The minutes of those meetings showed that themes, learning and actions were discussed. For example, the meeting minutes for July 2015, showed action had been taken to point out the roles and responsibilities of staff relating to a couple of the reported incidents: As a result of an incident whereby a residential home did not have the insulin for one of their residents, they were made aware of their responsibility to order patients repeat Insulin prescription. Carers were also made aware that only District Nurses were to support patients with insulin administration.

Duty of Candour:

- The Duty of Candour was introduced as a legal requirement for National Health Service (NHS) trust's in November 2014. It is about trust's informing and apologising to patients if they have made a mistake in their care which led to a moderate or significant harm.
- Staff we spoke with were aware of their responsibilities under the Duty of Candour which had been included as part of the incident reporting system.
- Managers we spoke with told us families had been invited to be part of the RCA process. This showed the trust was open and transparent with patients about their care and treatment when things went wrong.

Are services safe?

Safeguarding:

- The trust had procedures in place for protecting adults and children from abuse. Staff showed us a copy of the trust's up to date safeguarding policy on their intranet. This set out the safeguarding process and included information and responsibilities for different specialist roles, and contact information for the relevant local safeguarding leads.
- The trust had a safeguarding committee that met quarterly to discuss and consider safeguarding information. Adult services were represented on the committee by the associate director of nursing.
- Staff were able to explain the procedure for reporting allegations or suspected incidents of abuse, including adults and where appropriate, children.
- There was a published leaflet by the Cumbria Safeguarding Adults Board, 'Safeguarding adults at risk' 'The Early Indicators Practitioners Guide'(March 2015)
- Data provided by the trust showed safeguarding training rates for August 2015 were 78% across the community health service. However, this did not reflect what we were told by the community health services for adult's staff. All staff we spoke with told us they had completed safeguarding training. This may have meant the care group managers were proactive and ensured their staff attended training. It also could have meant the trust central data recording was not up to date and therefore did not reflect which courses staff had attended.
- We inspected individual training records across community services. They had up to date safeguarding training at the required level for their area of practice and this included children's training. For example, nurses at the primary care assessment service, Penrith, who treated children and adults, had received adults and children's safeguarding training.

Medicines:

- The Head of Pharmacy was registered as the trust's medication safety and clinical governance officer. Monthly meetings were held as part of the trust's incident monitoring network. Trends, learning and action plans were discussed and shared with the

community for health service adult staff. Staff were able to give examples of how medicines management had changed as a result of the learning from incidents which had taken place.

- The district nursing services gave vaccines to patients with long term conditions (a condition which there is currently no cure); such as patients with chronic obstructive pulmonary disease (a lung disease which makes it difficult to breath), diabetes, arthritis and hypertension. For example, we saw the district nurses in the Kendal team had up to date training for immunisations and vaccination.
- The nurses obtained the vaccines from the GP Surgery where the person with the long term condition was a patient. The trust had a system and standard operating procedure to manage the cold chain to ensure the safe storage and transportation of vaccines. The policy review date was November 2015.
- Patient group directives (PGD) provide a legal framework that allows some registered health professionals to supply and/or administer a specified medicine(s) to a pre-defined group of patients, without them having to see a doctor. We looked at a sample of thirteen PGDs in two locations. Two were out of date; the manager was aware of this and had made plans to update them.
- A medication incident had been recorded on the risk register in October 2015 and the investigation identified staff required further medication training. Due to a merger of staff teams working across localities, a standard operating procedure was also needed to address shortfalls. The resulting action plan included a task and finish group to develop a standard operating procedure and staff training. The review date of the action plan to address the risk was March 2016.
- The Carlisle musculoskeletal physiotherapy team (who assess and treat people's physical problems including shoulder and back pain, joint pain and stiffness) did not store the keys to the medicines cupboard correctly. This was addressed by the manager at the time of the inspection.

Environment and equipment:

- The trust had a plan for improving their estates to enable safe working environments for staff.

Are services safe?

- The majority of locations we visited had keypad entry systems to office doors for security.
- There were good examples of how equipment such as medical devices had been reviewed to ensure they were in working order. The community respiratory team had reviewed and re-calibrated their medical equipment recently.
- In Windermere and Barrow, the district nursing teams kept logs of their equipment. This included the Portable appliance testing (PAT). The logs inspected showed that equipment had been tested and was in date. In Cockermouth they did not maintain a register of their medical device tests. On the day of inspection equipment such as a Doppler machine had a sticker showing it was last tested and calibrated in 2013. However following the inspection we were informed by the trust, that the contractor had not removed old sticker when re testing the equipment . A second sticker which showed the equipment had been tested and was in date, had been placed on the equipment box and not on the machine.
- We were told by staff and saw that pressure relieving equipment was available on-line to order, and when ordered by 3pm on a Thursday, the equipment would be delivered the following day.
- Equipment needed for the care of the end of life patients was delivered the next day from when it was ordered.
- Completed cleaning schedules and checklists were seen in clinical areas and all premises were clean.
- Infection control training was variable across the teams. The majority had not achieved the 80% trust target. Between September 2014 and August 2015, ten out of 38 teams had achieved the trust's target of 80% compliance with infection prevention and control training. We saw training matrix in some of the teams, where training dates had been identified for individual staff. We also saw meeting minutes and emails informing staff of further available training.
- For the same period, 18 out of 37 teams had achieved the trust's target of 80% compliance with hand hygiene training.

Mandatory training:

Cleanliness, infection control and hygiene:

- Staff were aware of infection control procedures and there were infection control policies on the trust's intranet for them to access. We looked at three of these policies which were relevant to community based staff; all three policies were out of date for review (2012-13).
- Staff had access to personal protective equipment such as alcohol-based hand gel, gloves and aprons. We observed staff using alcohol based hand gel when they visited patients' homes and staff adhered to bare below the elbow guidance.
- In one of the teams there was an example of an equipment cleaning policy. It had been agreed and signed by the infection prevention control staff.
- The trust data showed mandatory training compliance across the teams was 75% with a trust target of 80%.
- Training had been added to the risk register for the community teams in the north and south of Cumbria and the physiotherapy team in Furness. The service had an action plan, with a review date to address the concern and for staff to access training.
- We inspected individual staff and team mandatory training records. We found staff had attended mandatory training and some were booked onto sessions in the near future. However, the information on the trust data did not always reflect what was held at a location. Staff told us there was a delay in training information being inputted onto the central recording system. This meant the centrally held records did not always accurately reflect staff training across the service.
- In some areas staff told us that travelling to locations where face to face training had been arranged, would have taken too long. One of the managers and staff told us training had been arranged locally to make it more accessible to staff.
- Between September 2014 and August 2015 'Corporate Induction' and 'Local Induction' courses achieved the 80% target for all staff groups in adult services.
- The target for compliance with information governance training was set by the cabinet office. Ninety five percent of staff was expected to have completed information governance training. Between September 2014 and

Are services safe?

August 2015, five staff groups out of 38 had achieved the 95% target. Information from the trust stated, “The trust Information Governance team oversees, monitor and actively promotes the information governance training. They refreshed the training content each year based on national guidance and internal information.....” Last year the target of 95% compliance for information governance had been achieved.

Assessing and responding to patient risk:

- Staff used a range of risk assessment tools to assess and manage individual risks. For example those relating to, pressure areas assessment, and moving and handling assessment.
- We saw in the incidents reporting data, any risk identified to the patient or those providing care was reported through the incident reporting system. These risks included: the risk of pressure damage or tissue breakdown; concerns relating to potential neglect (safeguarding concerns); non-compliance with treatment or care; and exposure of patients and staff to violent and aggressive behaviour.
- The trust had a ‘Do not attempt cardiopulmonary resuscitation’ (DNACPR) policy in place. This provided guidance to staff on Cardio Pulmonary Resuscitation (CPR) and the decisions and communication which should take place with patients and their families. This included information on advance directives. Staff we spoke with were aware of the policy and the actions they must take. We also saw an incident reported where staff had acted appropriately in respecting patients’ DNACPR wishes.
- The clinical district nursing team leaders shared work across the teams to ensure patients were seen as their health needs required and there was an escalation process to deal with emergencies and urgent cases.
- We observed clinical handovers taking place. For example, in the Cockermouth district nursing team, we observed the handover between five members of district nursing staff and a team leader. The information was informative and clear with no specific risks or issues identified.

Staffing levels and caseload:

- Some managers and staff within the community service for adults expressed concern regarding staffing levels,

recruitment, sickness, maternity leave and restructuring. Some staff told us they felt under pressure due to staff shortages and the way they were meeting the service needs was to use bank staff and through the good will of staff working additional shifts.

- In June 2015 there were a total of 603.80 whole time equivalent (WTE) staff in post. This equated to 446.72 qualified staff and 157.08 non registered staff in post. There was a total of 64WTE (37.98 qualified staff and 26.03 non registered staff) vacancies.
- We found in June 2015 there was an average staff turnover rate of 15.5%. Information provided by the trust in November 2015 showed, the ‘Out of hospital care’ team had the highest rate of vacancies with 42%, followed by the Community Respiratory team in Kendal with 18%.
- Other teams also had a high number of vacancies and a high turnover rate for example in the Eden allied health professionals there were 20 staff and there was a turnover rate of 16% In the Workington Community Nursing team there were 17 staff and they had a turnover rate of 30% with a sickness rate of 3%. The overall sickness rate reported for this time period was 5% for the trust however, we saw in some of the community teams this was higher. For example in the Penrith community nursing team, there was a sickness rate of 7%, in the Rapid Response Team, Carlisle, there was a sickness rate of 6% and in Eden Allied health professionals there was a sickness rate of 6%.
- We found the service used bank and agency staff to cover staff shortages, however we found not all shifts were covered. For example, in the Penrith community nursing team they had 8.93 shifts which had needed to be covered by agency/ bank staff. We saw only 1.43 shifts had been covered by agency staff which meant 7.5 shifts had not been filled by agency or bank staff to cover the shifts. Similarly in the Workington community nursing team only 0.15WTE shifts had been filled by bank or agency staff and 2.48 shifts, were not covered.
- In the Barrow in Furness district nursing teams, the service staffing levels and caseloads had been reviewed. As part of their review they used an independent body and professionally acknowledged staffing tool, ‘Safe Nursing Care Tool’ developed by an independent

Are services safe?

researcher and analyst. As a result of this, the four district nursing teams were moved into two teams. Further staffing posts were identified, staff were recruited and further recruitments were taking place.

- Going forward from the review, the staffing tool continued to be used to audit their staffing levels and dependencies of workloads. From this, the team leaders were able to make sure **there was sufficient staff to complete the work and make adjustments as needed. The recommendations and changes from the review were in process and had not all taken place by the time of our visit. Some staff were positive about the changes and the recruitments which had and continued to take place. However, other staff felt they had not been included as part of the process and therefore not as positive about the change which had yet to take place.**
- **The Allerdale and Copeland community night nursing services had been reviewed. A copy of the ‘Organisational Change: Consultation Paper – Outcome report and final model 1 September 2015, showed staff had been consulted and had one to one meetings to discuss the outcome. The changes had brought about one staff nurse and one health care assistant covering both areas. The second phase of the consultation commenced in October 2015 to 7 January 2016. This included staff rotation onto day shifts as identified in their appraisals and clinical/ management supervision.**
- **The services across Cumbria were being reviewed and this included commencement of a consultation process at Carlisle and Eden. Information provided by the trust showed the services at these locations had been audited as part of the review. As the changes had only recently taken place (within the previous two weeks), staff had mixed thoughts on how effective they had been.**
- Audits had also been undertaken with regards to community nursing staff having sufficient staff to meet patients’ needs and this included the out of hours services. Staffing levels and grades of staff were reviewed in light of these audits and were being monitored.
- **The Minor Injuries Unit (MIU) at Keswick had two vacancies. Staff told us, “Staffing was a challenge” and for two part days the week of our visit, the unit had been closed due to a lack of staff.**
- **At a focus group meeting we heard how in the musculoskeletal team referrals to the service had increased and staffing levels had remained the same. Staff told us, “They always had vacancies, but they had a big team.”**
- **In Podiatry we heard how they were working with staff sickness and due to some staff having adjustments coming back to work they felt they were struggling to meet the service needs. They said they were in discussions about the shortfalls and were supported by their manager.**
- **Other teams across the community services adults reported vacancies and therefore shortfalls in staffing numbers. This included The Early Supported Stoke discharge team.**

Managing anticipated risks:

- A business continuity/resilience plan was in place. It had been updated in August 2015 and had a review date of 2016. It demonstrated the services plan to respond to incidents and disruptions in order to continue their operations at an acceptable level.
- They had a policy to respond to severe weather which could affect access to patients. Staff at the Barrow in Furness community team explained the actions required in cases of severe weather to ensure risks to patients were minimised. Staff showed us their action plan which related to the trust policy; this had been developed to try to make sure they could meet the needs of patients who used their service in times of extreme weather.
- The trust had a policy to protect staff who may be lone workers. Staff were aware of the policy and of their own local team arrangements for lone working. Teams used a buddy system and a system to sign in and out of the office. Staff also used electronic diaries which allowed colleagues to see where staff were working.

Are services effective?

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

Summary:

The delivery of care and treatment was based on guidance issued by professional and expert bodies such as the National Institute for Health and Care Excellence (NICE) guidelines in the treatment of head injury. The majority of policies and procedures we inspected were in date. However, we also found policies where the review date had passed.

We saw patient needs were assessed before care and treatment started; this meant people received the care and treatment they needed to meet their needs. We also saw self-management plans for patients in helping them to stay well and manage long-lasting respiratory conditions; therefore avoided hospital admission.

Information provided by the trust showed not all non-medical staff had an appraisal in the last 12 months. However, staff we spoke with and individual appraisal records showed they had all had an appraisal in the last 12 months, or they had a date booked when their appraisal would take place.

Evidence based care and treatment:

- The delivery of care and treatment was based on guidance issued by professional and expert bodies. For example we saw:
 - NICE guidelines were followed when providing pressure ulcer management and avoidance; and staff referred patients to the tissue viability service where appropriate;
 - In relation to chronic obstructive pulmonary disease (COPD) the respiratory team used policies which drew on NICE guidance for pulmonary rehabilitation;
 - The Keswick minor injuries clinic used 'Minor injuries and ailments guidelines for registered clinical decision makers 2014' and NICE guidance relating to 'Head injury assessments'

- Physiotherapists assessment tools included: 'Tenetti balance assessment tool; Rirermead mobility assessment' (relating to testing outcome measures in stroke patients.); Falls efficiency scales' (relating to falls in the elderly.)

- The majority of policies we inspected were in date. However, we also found policies where the review date had passed. For example the trust's 'Lone working policy' had a review date of April 2012. Although we did see individual service locations had developed their own lone working procedures. These were developed to include the trust policy guidance and meet the safety needs of staff working at that service. We found these procedures were in date.

Nutrition and hydration:

- Community nursing staff and specialist practitioners had referred patients to a dietician when need for additional support and advice on treatment. For example, patients with diabetes there was an established referral pathway in place.

Patient outcomes:

- Patient needs were assessed before care and treatment started and there was evidence of care planning, which in some instances had involved multi-disciplinary teams. This meant that people received the care and treatment they needed to meet their needs.
- Information showed the trust had a 'Clinical audit priority programme' dated 29 July 2015. Proposals they had received as part of their programme included: a national diabetic foot care audit and pressure ulcer audit.
- The trust completed a pressure ulcer audit in April 2015, and this is to be repeated in 2017.
- There was a pressure ulcer collaborative which Cumbria Partnership had taken part in and due to be completed in March 2016.
- At Keswick Primary Care Assessment Service, Westmorland General Hospital, a re-audit of the

Are services effective?

diagnosis of deep vein thrombosis (DVT) in Primary Care had taken place. Thirty one patients were included in the audit and information showed with regards to scoring the WELLS score (a probability scoring 24 out of 31 patients had the score documented; 77% compared to last year's score of 46%. The standard of 100% of patients who were likely to have a DVT, who should have had an ultrasound scan (USS) had been achieved. Although the USS was not a NICE standard it showed 77% of patients received the scan within four hours.

Competent staff:

- Information provided by the trust showed the percentage of non-medical staff that had an appraisal in the last 12 months was 56%. Individual staff appraisal documentation inspected showed they had all received an appraisal in the last 12 months. Staff we spoke with also confirmed they had received an appraisal in the last 12 months or they had a date when their appraisal would take place.
- The community services had a preceptorship programme for newly qualified members of staff; this provided the staff with support and a framework to develop competencies.
- Medical practitioners had undergone professional revalidation and qualified nurses told us they had been supported by the trust to prepare for their professional revalidation.

We saw in the 'Trust Talk' newsletter, revalidation awareness workshops had been set up by the senior nursing team to support staff with the revalidation awareness.

- Staff told us they were encouraged to attend courses to maintain their competencies and this included internal training and training provided by external providers. Information provided by the trust showed staff had attended training such as: communication Skills; pain management and supra pubic catheterisation.

Multi-disciplinary working and coordinated care pathways:

- We observed a multidisciplinary team meeting in the out of hospital, community adult's team. The meeting was well-led, and staff respectfully shared their views and opinions in meeting patients' needs. We heard examples of knowledge of care pathways in discussions

and these included referrals to adult social care, respite care and continuity of health care funding. Patients were able to express their views, desires and choices and staff were respectful and open in achieving the best outcome for the patient. Recognition of emotional support for some individuals and or their families was seen and support networks were included in the informal discussions.

- One of the community staff nurses attended a multidisciplinary meeting every two weeks. The meeting included; a district nursing sister, care navigator (a member of staff who assists patients to more easily, access the service and improve their wellbeing), social worker, nurse practitioner, GP, and McMillan staff. They discussed the care of patients on the 'Gold Standard Framework' (GSF) which was about improving end of life care. They also looked at hospital avoidance for these patients and emergency care plans which were emailed to the district nursing and out of hours teams of any changes to ensure patients received continuity of care, their wishes respected and their needs met.
- District nurses worked in an integrated way with other Cumbria Partnership teams and providers. This included, GPs, Adult Social Care, third sector agencies, patients and families.

Referral, transfer, discharge and transition:

- There was an open referral system to services such as: the community rehabilitation team; occupational therapists; physiotherapists; integrated rapid response nurses, occupational therapists, assistant practitioners and therapy assistants. Access and information about these services was available in the community services, hospital, GP practices and on the intranet.
- Staff in the community such as nurse practitioners in the primary care assessment service, and district nurses were able to refer patients directly into the community in patient ('step up') service.
- Staff at a focus group told us they worked both on the community inpatient wards and rotated into the community nursing teams. This not only helped with continuity of care in some cases; staff had a better understanding of the process; which helped with better discharge planning in meeting patients individual needs in a timely way.

Are services effective?

- Community staff attended community inpatient multidisciplinary team meetings and discharge planning meetings. This ensured the transfer of services and support for the patients in the community setting was appropriate in meeting their needs.
- All patients that received end of life care from the district nursing service had also been referred to the out of hours service so they were aware of the patients' needs and requirements should they require further support out of hours.

Access to information:

- Information leaflets for patients were provided in the clinic areas and waiting rooms we visited.
- Staff reported that they had access to information for each patient, which included medical and nursing records and results from any investigations. However, the way staff accessed this across the services varied and the trust were in the process of introducing a further electronic computerised records system for spring 2016.
- Information was available to staff through the trust intranet to support practice.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards:

- Data provided by the trust for community services showed not all staff had received MCA or DoLs training. Some staff told us they received this training when they started working for the trust, at induction. The information against some staff groups had been recorded as not applicable. For example, in the retinal screening team.
- Whilst training in other areas had been recorded as 100%. For example in the West respiratory team, West community dietetics, WCH Dietetics, WCH Occupational Therapy, Copeland night nursing, continence service north, and 81% at Community Rehabilitation Service. The average training rates combined; across all the disciplines was 74%.
- Whilst not all staff had received training, in those areas we inspected, staff were aware of the information and safeguards. In one of the rehabilitation teams, the team leader, senior occupational therapist, told us the training was not mandatory, although they had attended the training. They also told us they had the topic as one of their agenda items and had discussions with their staff at their twice monthly meetings.
- The Quality and Safety team informed us, they had reviewed the training across the care group for both community services and community hospital staff. They had identified and planned to include MCA and DoLs training as part of their mandatory training.
- When we inspected incidents, we saw staff had acted appropriately in relation to an incident which reflected a person's decision making and their mental capacity. We saw in care records staff had recorded information relating to the patients mental capacity where appropriate and relevant. This showed staffs awareness and understanding of the MCA.

Are services caring?

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

Summary:

We rated the service as good for caring. We saw patients and their relatives were treated with kindness, dignity and respect, and saw compassionate care being delivered. Staff were patient focused; they were very reassuring towards patients and their relatives. Patients we spoke with told us they had been involved in the planning of their care.

Compassionate care:

- As part of our inspection, we observed care being delivered and listened to staff speaking to patients and relatives on the telephone. In order to gain an understanding of people's experiences of care, we talked to patients and their relatives who used services.
- During our visit we saw that patients and relatives were treated with respect, dignity and compassion and we saw compassionate care being delivered. Staff were reassuring towards patients, their relatives and other people.
- When delivering care and treatment, staff respected patient confidentiality. Confidentiality was maintained in discussions with patients and their relatives and in written records or other communications.
- We observed care and treatment being delivered by community nursing, specialist nursing staff and occupational therapists to patients in several home settings. Care was delivered sensitively and effectively in a caring and appropriately responsive way. Staff respected and maintained the patient's dignity.
- We heard how district nurses supported a patient to return home following a period of hospital care. A social care package could not be provided fully in readiness for a patient to return home. The district nurses agreed to visit and provided the extra support needed for the person to be in their preferred place of care. This showed the nursing staff were compassionate in their care and supportive in making sure the patient's wishes were met.

Understanding and involvement of patients and those close to them:

- Staff told us (and we saw) care plans were completed with the patient and where appropriate their relative. This included the recording of the patients' goals and risks in relation to the person's lifestyle, choices and home management of their condition.
- During one of our visits to patients' home we saw the relatives wishes had been taken into consideration and they were involved in the care of their relative. The relative told us, "the nurses were like a wave of care and compassion" when providing care to their husband.
- We saw in an incident report 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) documentation had been completed and information showed staff had responded appropriately in response to the patient's wishes.
- Staff had discussions in relation to patients' capacity to make decisions for them and informed of the outcome of clinicians visits and future plans.
- Feedback from the Carlisle physiotherapy questionnaire in January 2015 showed, 93% of patients said they were involved as much as they wanted to be in their care and treatment.

Emotional support:

- Staff we spoke with were patient focused and we saw they offered emotional support to help patients cope with their care and treatment.
- Feedback from the Carlisle physiotherapy questionnaire showed, 96% of patients would recommend the service to their friends and family. One person said, "Very kind, helpful and patient and helped me emotionally. Thank you very much."

Are services responsive to people's needs?

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

Summary:

Overall we rated the service as good for being responsive to people's needs. The service was planned and delivered to meet patient needs. Patients with urgent care needs were prioritised for treatment and their needs were met in a timely way.

Patients waited less than 18 weeks for a first appointment relating to physiotherapy, diabetes, and neuroscience. This was similar or better than the national target of 95% for a first appointment to attend these specialist services within 18 weeks.

The 'Out of Hospital Care team at Carlisle, Longtown and Brampton worked together and supported people with complex needs to remain in their own homes instead of going into hospital. We saw self-management plans for patients in helping them to stay well and manage long standing health conditions and hospital avoidance.

Staff attended equality and diversity training as part of their mandatory training. The staff who had already received their training varied across the trust as they attended their training at different times within the year.

Complaints were taken seriously, discussed with staff in their team meetings and included lessons learnt. However, we found the trust's complaints policy was out of date and had been due to be reviewed in June 2015,

Planning and delivering services which meet people's needs:

- Managers we spoke with described their approach to planning and delivering services that were responsive to the needs of patients. Staff told us that they worked with local commissioners of services, the local authority, other providers, GPs, and patients to co-ordinate and integrate pathways of care. Services included specialist nurses and therapists for particular conditions such as, diabetes, respiratory, continence, and musculoskeletal (MSK).
- Community nursing teams addressed the needs of patients who were assessed as predominantly housebound or where needs were identified as best being met in their own home.

- For patients who were more mobile and able to travel to local centres, the service operated from community locations and GP practices. For example, we saw within physiotherapy and MSK services clinics were held in community locations.
- We saw how in the summer of 2014 the south lakes community therapy team compared how they provided block programmes as opposed to rolling programmes, of pulmonary rehabilitation services. They found the rolling programme was successful and was supported by their audit data which showed, the waiting times from referral to nurse assessment had halved compared to those attending in 2013. The waiting time had reduced by the rolling programme to two to four weeks from referral to appointment; Patients individual attendance rates had improved from an average of 9.8 classes in 2013 to 12.3 classes in 2014. This meant patients received more of their allocated interventions when attending the rolling programme.

Equality and diversity:

- The trust provided information which showed all staff attended equality and diversity training as part of their mandatory training. The staff who had already received their training varied across the trust as they attended their training at different times within the year. Staff whose had attended equality and diversity training and whose records we looked at were able to show us their certificate of attendance.
- Translation/interpreter services were available to patients whose first language was not English. Staff told us they were able to use a telephone interpreting service if required.

Meeting the needs of people in vulnerable circumstances

- People with urgent care needs and treatment were prioritised for treatment and their needs were met in a timely way. They were given the out of hours bleep number so that they could contact the service directly when needed. This ensured they received timely care from the service, by staff that had access to their care

Are services responsive to people's needs?

plans and be able to meet their individual needs. This helped prevent unnecessary admissions into hospital and receiving care that had not been planned to meet their needs.

- We saw self-management plans for patients in helping them to stay well and manage chronic respiratory conditions and hospital avoidance. The 'Out of Hospital Care team at Carlisle, Longtown and Brampton worked together and supported people with complex needs to remain in their own homes instead of going into hospital. This was run by a multidisciplinary team caring for people aged over 18 years of age. A health and social care co-ordinator worked with the patient and third sector organisations to ensure any social care needs were identified and met to help the patient maintain their independence in the community. This service was available 24 hours per day.
- Holiday makers and visitors needs were met in Windermere by the community nursing teams. The team leader had carried out an audit to look at the effectiveness of the service however, the audit had not been formalised at the time of the inspection.

Access to the right care at the right time:

- Patients waited less than 18 weeks for a first appointment relating to physiotherapy, diabetes, and neuroscience. This was similar or better than the national target of 95% for a first appointment to attend these specialist services within 18 weeks.
- A community therapist told us patients could self-refer to their service and were meeting their target to contact patients within two days.
- We heard how the musculoskeletal service saw patients for a first appointment, between two to four weeks. This was better than the national target to see patients for a first appointment within 18 weeks.

- The musculoskeletal service had received project funded monies. This had helped temporally provide a service whereby patients within a certain criteria saw the therapist. Patients received treatment to meet their needs instead of waiting and having to travel out of area to see an orthopaedic consultant. This meant patients were seen in a timely way and did not have to travel out of area.
- As a result of feedback from patients, we heard how the chronic fatigue clinic had been relocated to reduce travelling time for patients who used that service.

Learning from complaints and concerns:

- The service had a system in place for handling complaints and concerns and the complaints manager had the responsibility for analysing the data and identifying trends.
- Staff we spoke with were aware of the complaints procedure and the action they would take should someone wish to complain. However, we found the trust's complaints policy was out of date and had been due to be reviewed in June 2015
- Information about complaints and how to make a complaint was clearly displayed in the community services we inspected.
- Staff told us information about complaints were discussed in their team meetings and this included learning taken place.
- Across community service for adults, they had received 155 formal complaints in the last 12 months. Sixty eight were upheld. None had been referred to the Ombudsman.

Are services well-led?

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

Summary:

The service had a vision, mission and strategy which they published for people and staff to see. Their values were known by staff, and the chief executive and their team encouraged people and staff to have a voice and contribute to the way the service developed.

The trust was promoting a 'small change, big difference' initiative to encourage staff to contribute to service improvements. Awards were given in recognition of how staff had improved the service. .

The majority of staff told us they felt communication was improving between staff and the executive team.

Staff told us there was good local management and leadership. However due to the recently restructure of the service some staff did not have confidence in the changes and told us they did not feel supported by middle management.

The majority of staff said they could raise their concerns and felt listened to. However some staff said they felt the changes in working practices, relating to staffing had not been fully discussed and they had not felt listened to.

Service vision and strategy:

- The vision and mission of the service was "People in our communities living happier, healthier and more hopeful lives" and "To improve the health and wellbeing of people of all ages in Cumbria."
- The trust had published their strategy. It stated, whilst they would consistently deliver the highest quality of services they could, the trust would ensure they were using the full potential and talent of their staff, patients, carers and families; and would transform and improve their services in order to achieve their strategic plan.
- The trust's key areas of commitment included: quality, people, services and efficiency, provide compassionate, continually improving, high quality care at the heart of their work; to create the right culture and environment within which people can be the best they can be, enabling them to flourish in their field; transforming the

services they provided together with their partners and communities; eliminating waste, reducing duplication of effort and making the most of our resources by spending less.

- The majority of staff were able to tell us the services values. These were spirit, ambition, kindness and fairness.

Governance, risk management and quality measurement:

- Data provided by the trust showed they were aware of the risks of the community services and these formed part of the local and trust risk register.
- Areas identified as increased risks included staffing and training and medication. Steps were being taken to try to address these and the risk register included the identified actions to address the issues, controls in place and review dates.
- Team leaders demonstrated awareness of governance arrangements. They recorded detailed actions taken to monitor patient safety and risk; this included incident reporting.
- Staff were aware of their responsibility to report incidents. The service carried out a root cause analysis into serious incidents and provided learning points for staff.

Leadership of this service:

- The majority of staff told us they felt that communication was improving between staff and the executive team.
- Staff told us there was good local management and leadership. Team working was good and this was encouraged by their managers. Staff generally told us they felt valued and respected. However due to the recent restructure of the service some staff did not have confidence in the changes and told us they did not feel supported by middle management.

Are services well-led?

Culture within this service:

- Most of the staff we spoke with told us they enjoyed working in the community health service for adults.
- Morale was good in most areas and staff were positive and enthusiastic about their roles and responsibilities.
- Staff talked about a positive change in culture since a change in management at trust board level. They said the culture had moved from one of blame, to one which was more open and trusting.
- The majority of staff said they could raise their concerns and felt listened to. However some staff said they felt the changes in working practices, relating to staffing had not been fully discussed and they had not felt listened to.

Public engagement:

- The trust produced a 'trust talk' newsletter for patients, the public and members of staff, The newsletter kept people up to date with information about the services in the trust and included patient stories and challenges the trust needed to address.
- Information was also available on the internet for people to access and this included a 'Blog' from the chief executive keeping people informed.
- In community settings we saw information informing patients about services provided, including support groups.
- Patients were encouraged to participate in service questionnaires and surveys to improve services and we saw copies of these in community locations.
- Complaints, suggestions/improvements and complements leaflets were seen advertised throughout the service for visitors and patients to complete.

Staff engagement:

- Staff were aware of the roadshows, 'You and the big picture', being held by the trust to engage staff in developing their service. Some staff told us they had not all attended a roadshow due to the constraints of workloads and the travelling involved.

- Further engagement workshops had been planned to reflect on the previous 12 months and changes within the teams.
- Staff told us about the 'Small change, big difference' initiative, which allowed staff to contribute to improving care for patients and staff.

Innovation, improvement and sustainability:

- The trust was promoting a 'Small change, big difference' initiative to encourage staff to contribute to service improvements.
- Care Navigators had been appointed across the South of Cumbria as part of the Better Care Together programme.
- One of the community team managers showed us the certificate their team had been awarded by the trust board executive team. They had improved the safety of warfarin administration in the community setting. The certificate was said to be 'In recognition of being part of a first wave listening into action team.'
- The South Lakes Community Respiratory staff had produced 'self-management' booklets/ plans for patients who had bronchiectasis or chronic obstructive pulmonary disease (COPD).
- Within the Millom and Duddon Valley area a care navigator had been appointed. The role was to support patients within the community whilst providing social interventions for those at risk of poor health. It was anticipated that the introduction of this role would see a reduction in avoidable GP appointments and hospital admissions as well as an overall improvement in community well-being.
- There had been several staff across community services that had been awarded with the Queens nursing award.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The trust must ensure policies and patient group directives are updated and a system put in place to review these in a timely manner.

The trust must ensure when using two forms of care records they both contain the same information to provide continuity and safe care for patients.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The trust must ensure at all times there are sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patients' dependency levels.

The trust must ensure all staff have completed role specific training and had an annual appraisal.