

Cambridgeshire Community Services NHS Trust

Inspection report

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






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

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

Ratings

Overall rating for this trust

Outstanding 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Outstanding 
Are services responsive?	Good 
Are services well-led?	Outstanding 

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

Summary of findings

Background to the trust

Cambridgeshire Community Services NHS Trust provides a range of specialist community based services to adults and children across the East of England, and specifically in Cambridgeshire, Luton, South Bedfordshire, Peterborough, Suffolk and Norfolk. As a result, the trust holds contracts with multiple commissioners, including Cambridgeshire and Peterborough clinical commissioning group (CCG), Luton CCG, NHS England, Central Bedfordshire and Bedford Borough Councils, Norfolk County Council, Suffolk County Council, Luton Borough Council and Cambridgeshire County Council.

Cambridgeshire Community Services NHS Trust was first registered with the Care Quality Commission on 1 April 2010.

The total number of staff employed by the trust is approximately 2,118. This includes medical, dental, nursing, support staff and allied health professionals.

Overall summary

Our rating of this trust improved since our last inspection. We rated it as Outstanding  

What this trust does

Cambridgeshire Community Services NHS Trust provides a range of specialist community based services to adults and children across the East of England, and specifically in Cambridgeshire, Luton, South Bedfordshire, Peterborough, Suffolk and Norfolk. As a result, the trust holds contracts with multiple commissioners, including Cambridgeshire and Peterborough clinical commissioning group (CCG), Luton CCG, NHS England, Central Bedfordshire and Bedford Borough Councils, Norfolk County Council, Suffolk County Council, Luton Borough Council and Cambridgeshire County Council.

Services provided by this trust include:

- Community dental services
- Children and young people's services
- Community health services for adults
- Integrated contraception and sexual health services
- End of life care services

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

Summary of findings

Between 30 April and 2 May 2019, we inspected three core services. We inspected services for children and young people, sexual health services and end of life care. We inspected these services as part of our continual checks on the safety and quality of health care.

At our last inspection in March and April 2018, we rated community health services for adults, and community dental services as good. We last inspected community health services for children and young people and end of life care in 2014. Community health sexual health services was inspected in 2014 and was inspected as part of community health services for adults. We chose to inspect these services in line with our methodology.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question for the trust overall. What we found is summarised in the section headed *Is this organisation well-led?* We inspected the well led key question between 4 and 5 June 2019.

What we found

Overall trust

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

- We rated safe, effective, responsive and well led as good. We rated caring and well-led at trust wide level as outstanding.
- We rated safe in community services for children and young people as requires improvement.
- We rated two of the core services we inspected as good overall and one as outstanding.
- During this inspection, we did not inspect community dental services or community adult services. The ratings published following our previous inspection form part of the overall rating awarded to this trust following this inspection.
- The aggregated rating for well-led at core service level was good. However, we rated well led at trust wide level, which is a separate rating as outstanding.

Are services safe?

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

- Within end of life care and sexual health services there was a good incident reporting culture. Incidents were investigated and where necessary, external reviews were undertaken. The outcome of incidents and lessons learned were shared as appropriate.
- Staff protected patients from abuse and services worked well with other agencies to do so. Staff were trained on how to recognise abuse, knew how to respond and received appropriate support from the trust's safeguarding team.
- Staff had the right qualifications, skills, training and experience to keep people from avoidable harm and to provide the right care and treatment.
- 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.

However, within community health services for children and young people:

- The service did not always have enough nursing and health visitor staff. There were higher vacancy levels in some teams and this was leading to increased caseload sizes that impacted on service provision.

Summary of findings

- Incidents were not always investigated in a timely manner, which could impact on learning being identified and changes to practice being introduced.
- The service did not have a formal policy for undertaking harm reviews when children or young people had experienced significant delays for an appointment or assessment. However, the trust provided examples of the arrangements that were in place to manage waiting lists for children and young people who waited a long time for assessment and treatment in Cambridgeshire and Luton, to ensure that waiting lists were reviewed and patients were prioritised based on risk.
- Where areas of concern were identified in records audits, it was not always clear what action had been taken as a result. Or that re-audit was undertaken. Documentation for medicines management audits had not been updated to demonstrate that identified actions had been implemented.
- The service did not always control infection risk well; there were some examples of infection prevent and control systems not being implemented effectively.
- Staff knowledge regarding sepsis was mixed. The service did not have a sepsis policy and did not carry out any audits relating to sepsis. The trust was aware of a gap in provision of sepsis specific training and since 1 April 2019 had introduced sepsis as part of life support training across all services.
- Mandatory training completion rates were particularly low for cardiopulmonary resuscitation (CPR) for medical staff (50%).

Are services effective?

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

- Care and treatment were based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- 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.
- Managers 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 patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. 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.

Are services caring?

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

- We rated caring within services for children and young people as outstanding.
- The trust had a visible person-centred culture. Staff were highly motivated and inspired to provide care that was kind and promoted the dignity of patients.
- Staff provided emotional support for patients.

Summary of findings

- Feedback from patients and their families was positive about the way in which staff provided care and treatment. We observed kind and caring interactions between staff and patients.
- Staff were non-judgemental in their approach to delivering holistic compassionate care with patients being active partners in their care.
- Staff considered patient's personal, cultural, social and spiritual needs when planning care.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Are services responsive?

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

- Services were planned and provided care in a way that met the needs of local people and the communities it served. The trust also worked with others in the wider system and local organisations to plan and provide integrated person-centred care.
- Services were planned and care was provided in a way that met the needs of local people and the communities served. The trust also worked with others in the wider system and local organisations to plan care.
- Services were 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.
- It was easy for people to give feedback and raise concerns about care they had received. The trust treated concerns and complaints seriously, investigated them and shared lessons learned with relevant staff.

Are services well-led?

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.
- Services had a vision for what they 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 trust promoted equality and diversity in daily work and provided opportunities for career development. The trust had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the trust 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 their services.
- 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.

Summary of findings

- Services 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.

Ratings tables

The ratings tables 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 considered all ratings in deciding overall ratings.

Our decisions on overall ratings also considered factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found areas of outstanding practice in services for children and young people, end of life care services and community sexual health services.

Areas for improvement

We found 14 areas for improvement, including one breach of legal requirement that the trust must put right. We found 13 things 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 the quality of services. For more information, please see the areas for improvement section of this report.

Areas for improvement

We issued one requirement notice to the trust. Our action related to one breach of legal requirement within one core service. For more information on action we have taken, see the areas for improvement and regulatory action section of this report.

What happens next

We will make sure 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 scheduled inspections.

Outstanding practice

Services for children and young people

- The children and young people's service were using technology innovatively to enhance the delivery of effective care and treatment and to support people's independence. This included a text-based service to provide young people with an accessible route to contact their school nursing service, a digital platform to provide a range of information about health and healthy lifestyles, and a peer support portal where families could go at any time for support or advice.

End of life care

Summary of findings

- The specialist palliative care team (SPCT) as part of the Luton end of life care local implementation group (EOL LIG) have implemented a number of systemwide end of life care projects. The group developed a systemwide electronic individualised care plan for dying patient (ICPDP). This is being used by the community services, local acute hospital and local hospice.
- The SPCT as part of the Luton and Bedfordshire palliative and end of life care education group developed a palliative care competency programme, including a portfolio tool, for registered nurses.
- The SPC nurses are aligned to local nursing homes as part of the systemwide improvement work around hospital admission avoidance for end of life patients.

Community sexual health services

- The service employed a HIV specialist pharmacist who supported staff and patients.
- Cambridgeshire Community Services had a trust overall webpage from which iCaSH developed its own webpage link for each location and patient information. This included links to social media pages and health promotion notices for the local communities.
- The service had developed an iCaSH express testing service to allow asymptomatic patients over the age of 16 years to obtain their test results without having to attend a clinic.
- Several members of iCaSH delivered a poster presentation at the last Association for Sexual Health and HIV conference.

Areas for improvement

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

Action the trust **MUST** take to improve

Services for children and young people

- The service must continue to monitor and actively recruit to ensure that there is an adequate number of nursing staff with the appropriate skill mix to care for children and young people in line with national guidance and to ensure that service provision can be maintained.

Action the trust **SHOULD** take to improve

Trust wide

Services for children and young people

- The service should ensure that systems for infection prevention and control are being implemented effectively in all areas.
- The service should ensure that transition arrangements are in line with national guidance.
- The service should ensure that mandatory training compliance continues to improve in line with trust targets.
- The service should ensure that incidents are investigated in a timely way, in line with the trust's policy.
- The trust should review the arrangements for learning from local audits, to ensure that actions are identified and implemented when areas of concern are identified.

Summary of findings

- The service should continue to monitor and improve the length of time children and young people must wait for care and assessment, including by ensuring that mandated visits for the Healthy Child Programme are undertaken within the required timeframe and that looked after children assessments are completed at the appropriate frequency.
- The service should review arrangements for the management of sepsis, including staff training, audits, and the development of a policy.
- The service should continue work to improve patient outcome monitoring in the children and young people's service.
- The service should review the range of pain assessment tools utilised by staff in the children and young people's service.
- The service should develop a formal harm review process for patients who have experienced delays.

End of life care

- The service should have a local clinical audit programme in place to measure the effectiveness of the service provided.
- The service should put a formal arrangement in place for the provision of medical support from a consultant in palliative medicine.

Sexual health

- The service should ensure that medicines such as oxygen cylinders are checked to ensure they are not used past their expiry date.

Is this organisation well-led?

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

We rated well led as outstanding because

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. There was compassionate, inclusive and effective leadership at all levels. The trust had a senior leadership team in place with the appropriate range of skills, knowledge and experience. Throughout our well-led inspection, we saw evidence of collective leadership from the trust board with a strong focus on putting patients at the centre of their care.
- The board had the skills, knowledge, experience and integrity to lead the trust. The trust board members were a group of individuals with a wide range of experience, knowledge and skills who displayed transparent accountability at decision making levels.
- The executive team were a stable cohesive team, focused on patient safety and quality of care. They were dedicated leaders with clear strategic vision and commitment to staff engagement.
- Governance arrangements were proactively reviewed and reflected best practice. The trust had commissioned an external review of their governance processes and had acted on feedback. There were clear lines of governance from ward to board and from board to ward.

Summary of findings

- The board had a shared understanding not only of the trust's issues, challenges and priorities, but also beyond their organisation of the wider challenges across the wider health and social care system. A systematic approach was taken to working with other organisations to improve care outcomes for patients.
- The board and senior leadership team recognised the training needs of managers at all levels, including themselves, and worked to provide development opportunities for the future of the organisation.
- The board and senior leadership team had set a clear vision and values that were at the heart of all the work within the organisation. They worked hard to make sure staff at all levels understood them in relation to their daily roles.
- The board were aware of the continuing pressures on the health system and the challenges this presented to quality and sustainability. There was a strong focus on working collaboratively with local partners, acute and social services and external organisations to move forward sustainability and transformation plans
- The trust board and senior leaders demonstrated a shared purpose, where they worked together and were striving to deliver and motivate staff to succeed. All members of the board consistently told us they were proud of their workforce and demonstrated a patient-centred focus to the development of services throughout and beyond the wider context of the trust. The trust's strategy, vision and values underpinned a culture which was patient focused and centred. Staff told us they felt supported, respected and valued and without exception, staff demonstrated a desire to do what was best for patients.
- Board members were accessible across the trust and without exception, staff fed back that senior leaders were visible and approachable.
- There was a strong emphasis on the safety and wellbeing of staff throughout the trust. The trust was a mindful employer and had signed up to the charter for employers who were positive about mental health.
- The board reviewed performance reports that included data about the services, which service leads could challenge.
- Staff throughout the core services we inspected told us the trust promoted a 'no blame' culture and they were encouraged to raise concerns and report incidents without fear of retribution.
- The trust's overall staff engagement score for 2018 was sixth best nationally at 4.00 compared to the trust's score of 3.78 and ninth best nationally in 2017. The trust was rated in the top 10 trusts (irrespective of type of trust) in all 10 themes across the survey and scored most positively across all trusts for the ratings relating to 'immediate manager', 'bullying and harassment'; and 'violence'.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- Leadership development opportunities were available to all staff, including opportunities for staff below team manager level.
- The trust actively supported leadership development through further training and planned for career succession.
- Leaders across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff we spoke with throughout our core service and well led inspection told us they felt positive and proud about working in the trust and their team. Staff told us they felt empowered to make decisions and to make changes.
- The trust had embedded effective processes to ensure employment checks were undertaken for executive staff and this was in line with the Fit and Proper Persons Requirements (FPPR).

Summary of findings

- The trust constructively engaged with people who used services and staff. Although the trust did not meet all the requirements of the workforce race equality standards, they were taking action to improve this, and this was discussed at board level.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↔ Aug 2019	Good ↔ Aug 2019	Outstanding ↑ Aug 2019	Good ↔ Aug 2019	Outstanding ↑ Aug 2019	Outstanding ↑ Aug 2019

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

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Community health services for children and young people	Requires improvement ↓ Aug 2019	Good ↔ Aug 2019	Outstanding ↑ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019
Community end of life care	Good ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Good ↑ Aug 2019	Good ↔ Aug 2019
Community dental services	Good Jun 2018	Good Jun 2018	Outstanding Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Community health sexual health services	Good Aug 2019	Good Aug 2019	Good Aug 2019	Outstanding Aug 2019	Outstanding Aug 2019	Outstanding Aug 2019
Overall*	Good ↔ Aug 2019	Good ↔ Aug 2019	Outstanding ↑ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019	Good ↔ Aug 2019

*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

Good   

Key facts and figures

The trust provided the following information about their community health services for children, young people and families:

- Cambridgeshire Children & Young People's Health Services provide the following:
 - Birth to 19 years healthy child programme
 - Children's community nursing team
 - Children's continuing care team
 - Children's early support
 - Community neonatal nursing team
 - Family nurse partnership
 - Community paediatrics
 - Community paediatric audiology
 - Safeguarding children service
 - Paediatric dietetics
 - Children's chronic fatigue service
 - Speech, language and communication services
 - Children's occupational therapy
 - Children's physiotherapy service
 - Emotional health and wellbeing services
- Norfolk children & young people's health services deliver the birth to 19 years healthy child programme which includes a range of community-based children and young people's health services across Norfolk, including health visiting and school nursing services, as well as the family nurse partnership and integrated vision, hearing and weight management services.
- Luton Children & Young People's Health Services provide the following services:
 - Birth to 19 years healthy child programme
 - Children's continuing care, rapid response and community nursing services
 - Community paediatrics
 - Looked after children team
 - Newborn hearing screening programme - Luton & Bedfordshire
 - Paediatric audiology

Community health services for children and young people

- Special needs nursing and paediatric epilepsy nursing services
- Children's safeguarding
- Nutrition & dietetics
- Bedfordshire Children & Young People's Health Services provide the following:
- Birth to 19 years health visiting services
- Baby friendly team
- Children's community nursing team
- Children's specialist services
- Continence service
- Eye service
- Looked after children
- Children's occupational therapy
- Oral health improvement
- School nursing service
- Speech & language therapy
- The school immunisation programme in Cambridgeshire, Peterborough, Norfolk & Suffolk work in partnership with schools, including state, independent, special schools and pupil referral units and offer community clinics for young people who are educated at home. The service may also be required to respond in case of disease outbreaks in the community.

(Source: CHS Routine Provider Information Request (RPIR) – CHS context)

The last inspection of the children and young people's service took place in 2014, where the service was rated good overall. Safe, effective, caring, responsive and well-led were all rated good. The inspection identified some minor areas of concern including staffing, mandatory training, and referral to treatment times.

We carried out a short notice announced inspection of the service on 30 April to 2 May 2019. During the inspection visit, the inspection team spoke to 89 members of staff, including nursing staff and health visitors, healthcare assistants and nursery nurses, doctors, administrative staff, and managers. We spoke with 12 parents and carers and reviewed 13 patient records.

Summary of this service

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

- 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 managed patient safety incidents well. Staff recognised and reported incidents and near misses.
- The service provided care and treatment based on national guidance and evidence-based practice.

Community health services for children and young people

- The service made sure staff were competent for their roles.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- 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 children, young people and their family's individual needs and preferences.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- The service met the assessment to treatment target for all 16 services with national or local targets.
- Staff were proud of the organisation as a place to work and spoke highly of the culture.
- Services were developed with the full participation of families, staff and external partners as equal partners.
- There was a strong focus on continuous learning and improvement across the service.
- Leaders were knowledgeable, visible and approachable.

However:

- The service did not always have enough nursing and health visitor staff. There were high vacancy levels in some teams and this was leading to increased caseload sizes and impacting on service provision.
- The service did not always control infection risk well; there were some examples of infection prevent and control systems not being implemented effectively.
- Staff knowledge regarding sepsis was mixed. The service did not have a sepsis policy and did not carry out any audits relating to sepsis. The trust was aware of a gap in provision of sepsis specific training and since 1 April 2019 had introduced sepsis as part of the life support training across all services.
- The service did not have a formal policy in place for carrying out harm reviews when children or young people had experienced significant delays for an appointment or assessment. However, the trust provided examples of the arrangements that were in place to manage waiting lists for children and young people who waited a long time for assessment and treatment in Cambridgeshire and Luton, to ensure that waiting lists were reviewed and patients were prioritised based on risk.
- The service was not able to consistently meet targets for mandated visits in the healthy child programme and reviews for looked after children.
- The trust did not have a lead who was accountable for implementing transition strategies and policies.
- The service was not always managing information effectively. The service did not always ensure that information gathered through audits was used effectively and did not have an effective monitoring system to ensure incidents were closed in a timely manner.

Is the service safe?

Requires improvement ● ↓

Community health services for children and young people

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

- The service did not always have enough nursing and health visitor staff. There were high vacancy levels in some teams and this was leading to increased caseload sizes that impacted on service provision.
- Incidents were not always investigated in a timely manner, which could impact on learning being identified and changes to practice being introduced.
- The service did not have a formal policy in place for carrying out harm reviews when children or young people had experienced significant delays for an appointment or assessment. However, the trust provided examples of the arrangements that were in place to manage waiting lists for children and young people who waited a long time for assessment and treatment in Cambridgeshire and Luton, to ensure that waiting lists were reviewed and patients were prioritised based on risk.
- Where areas of concern were identified in records audits, it was not clear what action had been taken as a result or that a re-audit was undertaken. Documentation for medicines management audits had not been updated to demonstrate that identified actions had been implemented.
- The service did not always control infection risk well; there were some examples of infection prevent and control systems not being implemented effectively.
- Staff knowledge regarding sepsis was mixed. The service did not have a sepsis policy and did not carry out any audits relating to sepsis. The trust was aware of a gap in provision of sepsis specific training and since 1 April 2019 had introduced sepsis as part of life support training across all services.
- There were no restrictions on the use of mobile phones when babies were being undressed and weighed in group settings during child health clinics in Cambridge and Luton. We raised concerns with staff during our inspection as there was a risk that mobile phones could be used to take photos of babies whilst they were being weighed. Staff took immediate action to address these concerns.
- Mandatory training completion rates were particularly low for cardiopulmonary resuscitation (CPR) for medical staff (50%).

However:

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Staff recognised and reported incidents and near misses.
- The service had suitable premises and equipment and looked after them well.
- Processes were in place to safely prescribe, administer, record and store medicines. These processes were mostly being implemented effectively.
- Staff had training on how to recognise and report abuse, and they knew how to apply it.

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.

Community health services for children and young people

- Staff had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- 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 and advice to lead healthier lives.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance.
- Children and young people's nutrition and hydration needs were effectively identified and monitored.

However:

- The service was focused on commissioner's service specifications for outcome monitoring. This had been recognised by the service and they were working to improve patient outcome monitoring.
- Staff did not always utilise a wide enough range of pain assessment tools to allow for effective assessment of children who were not able to verbalise the level of pain that they were in, such as babies.
- Transition arrangements varied as there was no overall transition lead, policy or strategy.

Is the service caring?

Outstanding ☆ ↑

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

- Feedback from children and young people who used the service and those close to them was continually positive about the way staff treated them. Patients thought that staff went the extra mile and their care and support exceeded their expectations.
- Staff were highly motivated to go above and beyond to offer care that was kind and promoted children and young people's dignity. Staff showed an encouraging, sensitive and supportive attitude to children and young people, and those close to them.
- Staff recognised the totality of people's needs and took people's personal, cultural, social and religious needs into account.
- Children, young people and those close to them were active partners in their care. Staff were fully committed to working in partnership with people and making this a reality for each person. Staff communicated with children, young people and their families so that they understood their care, treatment and condition and any advice given.
- Staff routinely empowered children and young people to have a voice and to realise their potential. People's individual preferences and needs were reflected in how care was delivered.
- Staff found innovative ways to enable people to manage their own health and care when they could and to maintain independence as much as possible.
- Staff recognised that children, young people and their families needed to have access to, and links with, their advocacy and support networks in the community and they routinely supported people to do this.
- Staff had introduced a range of innovative measures to provide emotional support for children, young people, and their parents or carers. For example, the service had set up support groups for specific conditions, an online peer

Community health services for children and young people

support portal to allow parents to gain advice and support from other parents at any time of the day, and a text-based service to provide young people in distress with an accessible route to contact their school nurse. The service had introduced a 'beads of courage' programme to offer support for children and young people with life limiting illnesses by giving them a number of different beads to signify steps in their journey.

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 children, young people and their family's individual needs and preferences.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- The service met the assessment to treatment target for all 16 services with national or local targets.

However:

- The service was not able to consistently meet targets for mandated visits in the Healthy Child Programme and reviews for looked after children.

Is the service well-led?

Good ● → ←

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

- Staff were proud of the organisation as a place to work and spoke highly of the culture. There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences. There were processes to support staff and promote their positive wellbeing.
- Services were developed with the full participation of families, staff and external partners as equal partners. Innovative approaches were used to gather feedback from people who used services and the public, including people in different equality groups, and there is a demonstrated commitment to acting on feedback.
- There was a strong focus on continuous learning and improvement across the service, including through appropriate use of external accreditation and participation in research. Innovation was celebrated and there was a proactive approach to seeking out and embedding new and more sustainable models of care.
- Leaders were visible and approachable. Leaders were knowledgeable about issues and priorities for the quality and sustainability of services, understood what the challenges were and acted to address them.

However:

- The trust did not have a senior manager who was accountable for implementing transition strategies and policies. This was not in line with national guidance and had led to some variations in practices between localities.

Community health services for children and young people

- The service was not always managing information effectively. The service did not always ensure that information gathered through audits was used effectively and did not have an effective monitoring system to ensure incidents were closed in a timely manner.
-

Outstanding practice

We found one area of outstanding practice See outstanding practice section above.

Areas for improvement

We found 11 areas for improvement. See areas for improvement section above.

Community end of life care

Good   

Key facts and figures

The trust provided the following information about their community end of life care service:

In Luton, the trust provides cancer and palliative care services as part of an integrated model, working closely with other health and care providers. The service focuses on two main clinical areas:

- A Macmillan community oncology clinical nurse specialist service supports cancer patients with complex needs who are on a curative pathway and provides access to psycho-social care within the community setting.
- A Macmillan palliative care service that is supported by a palliative care consultant, specialist palliative care clinical nurse specialists and palliative care support workers.

There is also a Parkinson's nurse led clinic and home-based individualised care for people with neurological life limiting conditions.

The service is mainly provided within the boundaries of Luton; however, there are components of the service that are provided outside the Luton area.

During our inspection we visited community adult services base in Luton. We attended four home visits with SPC nurses and community nurses. We reviewed 12 care records including two medicine charts and reviewed two do not attempt resuscitation (DNACPR) forms within the community settings.

We spoke with 20 members of staff including, specialist palliative care nurses, palliative care support workers, community nurses and locality managers. We also spoke with four patients and four relatives. We observed safety huddles, handovers and SPCT MDT meeting.

Summary of this service

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

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The nurse staffing for the specialist palliative care team (SPCT) was in line with national guidance.
- The service had suitable premises and equipment and looked after them.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff in the SPCT informally monitored discussion of preferred place of death and preferred place of care/death and audited this data.
- Staff treated patients with compassion, dignity and respect. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.

Community end of life care

- Staff provided emotional support for patients to minimise their distress. The service gave patients and carers information on what to expect and sign posted or referred patients and their families to relevant information, service and support, including counselling services.
- The service planned and provided services in a way that met the needs of local people.
- Leaders at all levels demonstrated high levels of experience, capacity, and capability needed to deliver excellent and sustainable care.

However:

- The service did not have a local clinical audit programme in place to measure the effectiveness of the service provided.
- There was no formal arrangement in place for the provision of medical support to the SPCT from consultant in palliative medicine. The current arrangement was informal, and the service level agreement was not signed by both parties.

Is the service safe?

Good  → ←

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 they completed it.
- The trust implemented safeguarding practices and procedures to help keep patients safe.
- Staff understood their responsibilities for safeguarding patients and reporting any potential safeguarding concerns.
- The service had effective infection prevention and control (IPC) procedures in place.
- The service carried out maintenance of equipment which was monitored.
- The trust had effective systems in place for identifying and responding to patients' risks and risk assessments were carried out in line with national guidance.
- The specialist palliative care team (SPCT) had sufficient nurse staffing to ensure patients received safe care and treatment.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up to date and were managed in a way that kept people safe.
- Medicines were prescribed, stored and administered to people in line with current legislation and national guidance.
- Staff understood their responsibilities to raise concerns and report them appropriately to ensure patients' safety

Is the service effective?

Good  → ←

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. The specialist palliative care team (SPCT) monitored Preferred place of care/death routinely.

Community end of life care

- Staff of different specialties worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff always had access to up-to-date, accurate, and comprehensive information on patients' care and treatment.
- The service made sure staff were competent for their roles. The SPCT offered training and to the community nursing teams. The service developed an end of life care training programme in line with the trust's end of life care policy and work with systemwide partner organisations.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Consent to treatment was sought in line with legislation and guidance.

However:

- The service did not have a local clinical audit programme in place to measure the effectiveness of the service provided.

Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff treated patients with compassion, dignity and respect.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress. The service gave patients and carers information on what to expect and referred patients and their families/carers to relevant support services, including counselling services.

Is the service responsive?

Good ● → ←

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

- The service took account of patients' individual needs. Staff took account of the spiritual and religious needs of patients.
- The service planned and provided services in a way that met the needs of local people.
- Preferred place of care (PPC) and preferred place of death (PPD) was discussed with patients and documented in the medical electronic records. The service audited what percentage of patients achieved their preferred place of death (PPD).
- People could access the service when they needed it. Patients and families were given 24 hours a day contact numbers, so they could request help and advice quickly.
- Complaints were managed appropriately. The number of complaints in end of life care services were very low.

Community end of life care

Is the service well-led?

Good  

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

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. The chief nurse was the executive lead for end of life care. The trust had a named non-executive director with the responsibility for end of life care.
- The end of life care policy referenced key national guidance and included defined local priorities, outcomes and measures of success. Staff were engaged in the development of the end of life care policy and SPCT staff understood their role in delivering the strategy.
- The trust was a member of the Luton end of life local implementation group (EOL LIG) which was working on a systemwide locality strategy for end of life care.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service engaged with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. The SPCT had undertaken a patient survey in 2018.

However:

- There was no formal arrangement in place for the provision of medical support to the SPCT from consultant in palliative medicine. The current arrangement was informal, and the service level agreement was not signed by both parties.

Outstanding practice

We found three areas of outstanding practice. See outstanding practice section above.

Areas for improvement

We found two areas for improvement. See areas for improvement section above.

Community health sexual health services

Outstanding 

Key facts and figures

Cambridgeshire Community Services (CCS) integrated contraceptive and sexual health (iCaSH) services delivers community based care to adults and young people across Cambridge, Luton, Bedfordshire, Peterborough, Suffolk and Norfolk.

CCS was first registered on 1 April 2010. The number of staff employed by the service is 74 registered nurses and medical staff.

Previously inspected as part of community adults iCaSH service provides all aspects of sexual health and reproductive health, including contraception, sexually transmitted infection (STI) and human immunodeficiency virus (HIV) testing and treatment. In addition, iCaSH is available from easily accessible hub locations across Bedfordshire, Cambridgeshire, Norfolk, Peterborough and Suffolk.

The normal activity per day across the service is 570 patients are seen on average a day across the regions.

We inspected this service from 30 April to 2 May 2019 As part of the inspection we visited iCaSH locations in the following areas;

- Peterborough
- Bedford
- Bury St Edmunds
- Cambridge
- Kings Lynn
- Wisbech
- and Ipswich

We spoke with 36 staff members including nurses, doctors, pharmacy staff, outreach team members, administration staff and managers. We spoke with eight patients and relatives. We reviewed 10 sets of patient records and where available prescription forms. We reviewed 19 pieces of equipment which included weighing scales, blood pressure monitors, spill kits and patient trolleys.

Summary of this service

We rated it as outstanding 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.

Community health sexual health services

- 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 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.

Is the service safe?

Good ●

We rated it as good because:

- There were appropriate levels of staffing to deal with patient activity across this service.
- Staff received appropriate training and support in all safety systems to complete their role
- Staff were able to recognise safeguarding concerns and knew how to escalate safeguarding concerns appropriately.
- All environments we inspected were appropriate, clean and welcoming. Infection prevention and control practices were maintained and monitored.
- Staff kept detailed records of patients care and treatment which were kept electronically
- Patient safety incidents were reported, managed and lessons were shared across the service.
- Medications were checked and stored appropriately.

However:

We found two out of date oxygen cylinders and a spillage kit that was out of date. We escalated this to the trust, who responded appropriately.

Is the service effective?

Good ●

We rated it as good because:

- The multidisciplinary team were committed to working collaboratively, worked well together and had found innovative and efficient ways to deliver more joined up care to patients.

Community health sexual health services

- Staff were well supported with continued development of appropriate skills, competence and knowledge which was integral to the delivery of safe and effective care and treatment
- All staff had received meaningful and supportive appraisals which supported their individual competencies to support in their roles.
- Policies, procedures and treatments reflected national and best practice.
- Staff were actively engaged in activities to monitor, audit and improve quality and ensure patient outcomes were met.
- Staff gave patients support with their life style choices and promoted health education
- Staff understood the relevant consent and decision-making requirements.
- Patient information was available in a wide range of languages, hearing loops were available. All areas were suitable for patients with reduced mobility, including those who used a wheel chair.
- Patient's nutritional and hydrational patient needs were supported by staff.
- Staff had completed Mental Capacity Act training and were able to support patients who lacked capacity to make decisions across the service.

Is the service caring?

Good ●

We rated it as good because:

- Patients were truly respected and valued as individuals and empowered as partners in their care.
- Staff were non-judgemental in their approach to delivering holistic compassionate care with patients being active partners in their care.
- Staff considered patient's personal, cultural, social and spiritual needs when planning care.
- Staff provided emotional support to patients and their families or main carers while accessing the service.
- Staff supported and involved patients and families to understand their care and treatment.
- Patient's emotional and social need were highly valued by staff and embedded in their care. Counselling support was available for patients.
- Staff dealt with patients in a caring and sensitive manner on the telephone, face to face and when signposting to the integrated, contraception and sexual health (iCaSH) express testing service or on reducing patient anxiety for example, by sending samples for sampling direct to the laboratory.
- Feedback from patients who used the service was without exception, continually positive about the way that staff treated them. Patients gave us examples of staff going the extra mile when caring for them. For example, staff listened to patient's feedback and heard their concerns about how speciality clinics were named so clinics were rebranded away from HIV screening clinics in response to this feedback .
- iCaSH Peterborough was part of the women's wellbeing project, which engaged with women who sold sex. Monthly meeting were available with health care professionals to

Community health sexual health services

- iCaSH Peterborough provided sexual health testing, advice and contraception, both long term and emergency. Individuals known by the service were given a card to present so they never have to verbalise previous experiences or history at any iCaSH clinic and then were prioritised by staff.

Is the service responsive?

Outstanding 

We rated it as outstanding because:

- The service had been redesigned to meet the needs of patients in a way and at a time that suited them.
- The service worked closely with the wider community and local commissioners to provide patient centred integrated care.
- Staff actively reviewed complaints and how they were managed and responded to, with improvements made as a result across the service. All complaints were shared across the trust for staff learning.
- Patients were supported to access the service when they needed it with on line service testing kits provided and one stop clinics.
- Sit and wait clinics had taken over from walk in clinics with appointments given if patient wait was prolonged.
- Vulnerable patients were given extended appointment times to ensure their needs were met.

Is the service well-led?

Outstanding 

We rated it as outstanding because:

- Leaders were visible and approachable and were aware of current risks, issues and priorities.
- Staff praised the strong driving force of the local and senior management team and were proud to work for this service.
- There was strong teamworking and support across all locations. Staff at all levels were actively encouraged to raise concerns.
- The culture was open and honest and one that celebrated successes
- Governance and performance management arrangements were proactively reviewed and reflected best practice
- Innovative practices were numerous and included many research projects to improve the patient experience and service.
- Staff were encouraged by senior leaders to focus on their continuous learning and development
- The service had national representation and involved staff at conferences.

Outstanding practice

We found three areas of outstanding practice. See outstanding section above

Community health sexual health services

Areas for improvement

We found one area for improvement. See 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

Diagnostic and screening procedures

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Treatment of disease, disorder or injury

Our inspection team

Fiona Collier, inspection manager led this inspection. Fiona Allinson, Head of Hospital Inspection, two specialist advisers and a pharmacy inspector supported our inspection of well-led for the trust overall.

The team for the core service inspection included five inspectors, one assistant inspector and four specialist advisers.

Specialist advisers are experts in their field who we do not directly employ.