

Bolton NHS Foundation Trust

RMC

# Community health services for adults

## Quality Report

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# Summary of findings

## Locations inspected

<b>Location ID</b>	<b>Name of CQC registered location</b>	<b>Name of service (e.g. ward/ unit/team)</b>	<b>Postcode of service (ward/ unit/ team)</b>
RMC47	Waters Meeting Health Centre	Community Health Services for adults	BL1 8TU

This report describes our judgement of the quality of care provided within this core service by Bolton 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 Bolton NHS Foundation Trust and these are brought together to inform our overall judgement of Bolton NHS Foundation Trust

# Summary of findings

## Ratings

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

# Summary of findings

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# Summary of findings

## Overall summary

Overall we rated adult community services as good because:

- All community staff were aware of the trust's incident reporting processes and there were mechanisms in place to learn from incidents.
- We found compassionate and respectful care was present in all interactions we observed.
- Patients accessing the service received effective care and treatment that followed national clinical guidelines including those from the National Institute for Health and Care Excellence (NICE). The service planned its services to meet the individual needs of the local population it served.

- Patients had access to the right care at the time and where targets in respect of this were not met, the service was working to improve and evidence of this improvement was well documented.
- There were robust governance frameworks and managers were clear about their roles and responsibilities.
- Risks were appropriately identified, monitored and there was evidence of action taken, where appropriate.

However,

- There were some instances where records were not fully completed in accordance with best practice.
- Staff did not always have timely access to computers.

# Summary of findings

## Background to the service

At Bolton NHS Foundation Trust, the Integrated Community Services Division consists of domiciliary, clinic and bed based services across the Bolton footprint to GP registered population. Most services are commissioned via Bolton Clinical Commissioning Group. The trust worked in partnership with Bolton Council, Greater Manchester West, North West Ambulance Service and with the voluntary sector such as Age Concern and Urban Outreach. The Division had approximately 420 Staff (380.46 whole time equivalent) and had a budget of £16.8 million.

Within integrated community services there was an admission avoidance/referral and assessment team, adult learning disabilities service, anticoagulation service, asylum seekers, homeless and vulnerable adults team, bladder and bowel team, biomechanics, care home team, community loan stores, dermatology and surgery team, diabetes team, dietetics team, district nursing service, emergency dental service, elderly medicine, emergency dental, genitourinary medicine team, falls and community therapy team, integrated neighbourhood teams, intermediate care at home, IV therapy team, neurology team, palliative care team, podiatry service, rheumatology, stroke, adult speech and language team, single point of access service, tissue viability team and a treatment room service.

Services were provided at twenty different locations across Bolton. The largest number of monthly attendances were for anticoagulation, podiatry and diabetes clinics at health centres. The district nursing domiciliary team typically undertook 20,000 visits a month. The whole community adults' team undertook approximately 56,000 visits per month.

A review of all community services was undertaken in November 2014 and a Community Improvement Plan relating to all community services across all of the divisions was submitted to Bolton Clinical Commissioning Group on a regular basis. The improvement plan included addressing waiting times, high did-not-attend (DNA) rates and low rates of appraisals within certain community services. In October 2015, remedial action plans were requested from Tissue Viability Services in the Corporate Division and Neurological Long term conditions in the Acute Adult Division. No services within the Integrated Community Services Division were requested to submit any remedial action plans.

## Our inspection team

Our inspection team consisted of two adult community nurses and an inspector.

## Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot community health services inspection programme.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the core service and asked other

organisations to share what they knew. We carried out an announced visit between 21 and 24 March 2016. During

# Summary of findings

the visit we held focus groups with a range of staff who worked within the service, such as nurses, doctors, therapists. We talked with people who use services. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records of people who use services. We met with people who use services and carers, who shared their views and experiences of the core service. We visited 5 health centres, spoke with 26 staff in different roles and senior leaders across the service.

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

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

## Areas for improvement

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

The service should ensure that all patient records are completed in line with best practice.

The service should ensure all staff have timely access to computers.

The service should ensure that physiotherapy staff can maintain patients' confidentiality during treatment.

Bolton NHS Foundation Trust

# Community health services for adults

**Detailed findings from this inspection**

Good 

## Are services safe?

By safe, we mean that people are protected from abuse

Overall, in terms of patient safety, we rated community adult services as good because:

- The locations where care was provided were visibly fit for purpose, clean and tidy.
- Staff were aware of current risks within their teams and these were documented, acted upon and monitored.
- There was a system for recording and investigating incidents.
- Monthly team meetings were held to ensure information was shared.
- Safety was a high priority and there was measurement and monitoring of safety and performance within the service.
- The training for staff was appropriate and provided on a regular basis.
- Safeguarding was well managed in the service, training was up to date and staff felt confident to report issues when raised.

However,

- Some records were not consistently completed in accordance with best practice. They did not include pressure ulcer assessments, patient identifiable information and evidence of observations.

### Safety performance

- The trust used the NHS Safety Thermometer to measure and record patient harm. This tool shows the frequency of pressure ulcers, falls, blood clots and catheter-related urinary infections each month. Figures for this service were collected monthly in line with national requirements and rates of avoidable harm were within expected levels. Most services displayed their current data on whiteboards.
- We observed safety goals and targets in use and the District Nursing teams monitored these using a dashboard system.
- Between December 2014 and December 2015 there were 40 category 2-4 pressure ulcers, seven falls with harm and two new UTIs in patients with a catheter.

### Incident reporting, learning and improvement



## Are services safe?

- Between 27 January 2015 and 26 January 2016 there were 27 Steis incidents (serious incidents), all of which were pressure ulcers. 89% of these incidents occurred in people's homes. A new care plan was reported for each of the patients.
- From February 2015 – January 2016 there were 480 incidents. 67.7% of these were no harm incidents. A further 27.5% were low harm incidents. Themes included implementation of care, consent, communication and confidentiality, documentation and medication.
- Staff told us that they were encouraged to report incidents and received feedback. Managers were informed of incidents and forms were filled in on line. Incidents were reviewed on a weekly basis and shared in team meetings. The service reviewed incidents annually to identify themes and put action plans in place. Staff said that they received timely and appropriate feedback when they submitted an incident form or raised a concern.
- We found that the trust had an up to date policy on the management of medications and controlled drugs. This policy reflected current guidance and was easy to understand and accessible to staff electronically. The process for the administration of medications in patient's home was set out clearly in this policy and was followed by all staff.
- Staff had access to adrenaline for reactive shock. This was appropriately stored and staff had been trained on its usage.
- The district nursing teams had 28 nurse prescribers.
- The district nursing team who provided palliative care had anticipatory medications for patients which were prescribed by GPs.
- Staff reported they had good working relationships with GPs and could get medications prescribed and advice.
- The service had recently appointed a Medicines Safety Nurse. Her role was to ensure that medicines were stored safely and securely in clinical areas, that drug control stationary was locked away and that patient group direction (PGD) documentation was up to date. She also offered advice, support and guidance to nursing staff and managers in relation to medications safety.

### Duty of Candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Staff were aware of the duty of candour and were open and honest with patients and their families and carers.

### Safeguarding

- We found that staff were knowledgeable about their role and responsibilities regarding the safeguarding of vulnerable adults and were aware of the process for reporting safeguarding concerns and allegations of abuse within the trust.
- The safeguarding policy was accessible to staff on the trust intranet.
- In March 2016, the community team reported that 96.2% of their staff had received safeguarding training. This was above the trust's target of 95%.
- Staff reported that they had good working relationships with the local authority.

### Medicines

### Environment and equipment

- We found that staff were aware of how to safely maintain and use equipment used in community services. Staff told us they received training and updates as needed in relation to the use of essential equipment such as syringe drivers.
- Staff reported that they had access to dressings and could order them as required.
- Staff had same day access to equipment for patients for example frames, sticks and commodes.
- Treatment room trolleys were well stocked.
- The nursing bags we looked at were well stocked with appropriate equipment.
- Staff explained that the working space available was very limited and that it had been recorded on the trust's risk register. The estates team were aware of the issue

## Are services safe?

and had recently undertaken a health and safety assessment (3 March 2016). Bi weekly meetings were taking place to address the issue but this had not been resolved at the time of our inspection.

- We found evidence in the podiatry service that disposable, single use equipment was used where appropriate and staff were aware of how to store and dispose of this equipment.
- Treatment beds within treatment rooms were in good condition and height adjustable.
- We saw sufficient seating in waiting areas.

### Quality of records

- Records were paper based and were securely stored.
- At Avondale we reviewed five sets of records. 3/5 records had completed assessments within them and appropriate contact details. Allergies were documented. Records showed evidence of discussions with patients and included appropriate paperwork for patients receiving palliative care for example do not attempt resuscitation forms and statements of intent. In 2/5 records regular observations were not undertaken.
- We reviewed five sets of district nursing records at Horwich. These records were all completed and signed with clear diagnosis and management plans. All records evidenced completed nursing assessments. Pressure ulcer risk assessments were completed in 3/5 cases.
- We reviewed three sets of district nursing records at Pikes Lane. These records were comprehensive and contained completed assessments. Records were completed, signed and were reviewed by the visiting nurse during the joint visits we observed.
- We reviewed two sets of records for patients cared for within the admission avoidance team. These notes were comprehensive and completed to an excellent standard.
- In all the records we reviewed NHS numbers or patient identifiable information was not on each page. This is not in accordance with best practice.
- At the end of each day community nurses returned records to the office for secure storage.

- Records were audited on a monthly basis. Staff told us that feedback was provided to individual staff members but also to teams if there was a team wide learning point.

### Cleanliness, infection control and hygiene

- Each community nursing team undertook hand hygiene audits. From April 2015 – March 2016 hand hygiene audits showed staff were compliant in 98.3% of cases. This was above the trust's target of 98%
- There was a system and policy in place for safe management of sharps bins.
- Personal protective equipment (gloves and aprons) and hand cleansing products were available to all staff undertaking patient care and these products were carried with community staff undertaking home visits.
- All of the clinic areas we visited were visibly clean and tidy and the equipment was noted to be visibly clean.
- Curtains in some areas were disposable. All curtains we checked were in date.

### Mandatory training

- The trust split their training into statutory and mandatory training. Statutory training included topics such as control of infection, fire safety awareness, safeguarding, manual handling and equality and diversity. Mandatory training included resus, information governance and medicines management.
- A system to ensure staff were up to date with statutory and mandatory training subjects was in place.
- Statutory and mandatory training was monitored by the trust.
- From April 2015 – March 2016 mandatory training compliance was 89.6%, just above the trust's target of 85%. Statutory training was 93.5%, which was just below the trust's target of 95%. We discussed this with staff and they told us this had steadily improved across the year. In March 2016, the service was 95% compliant with statutory training.
- Delivery of mandatory training was face-to-face and by e-learning. Staff received mandatory training in areas such as infection control, fire safety, basic life support, patient handling and information governance.

# Are services safe?

## Assessing and responding to patient risk

- In two of the district nursing records we reviewed patients had suffered falls but no falls risk assessment had been completed.
- The service used early warning scores to assess patients.
- An appropriate tool was used to assess how susceptible patients were to pressure ulcers.
- Risk assessments were undertaken on each patient then appropriate care packages could be formulated.
- A daily safety briefing was held in all bases where staff could highlight and discuss any potential risks to patients or any patients who they felt were particularly at risk of harm.
- Risks were reviewed when required and if the patient's circumstances changed in any way, for example, a carer leaving the household or the patient moving house.
- Meetings were held with local GPs to discuss patients with complex needs and those at the end of life.

## Staffing levels and caseload

- In March 2016, staffing levels were running at 94.9% of planned staffing levels. This was just below the trust target of 95%.
- There were 34.9 WTE staff vacancies in March 2016. Six of these vacancies were within physiotherapy and affected waiting times. The trust were recruiting to these posts at the time of our inspection.
- In community adults staff sickness levels in February were (5%), slightly above the trust's target of 4.2%. The year to date sickness rate was 5%. The service told us that the trust had a comprehensive programme in place to improve sickness absence rates through the implementation of the people strategy.
- Staff turnover was 5.9%, which was below the trust's target of 10%. Service leaders told us the restructuring and reorganisation in 2015 had impacted on these figures.

- We observed a safety huddle. An appropriate range of staff were present and new items of equipment were introduced and explained.
- In palliative care the team had a daily huddle. Staff would go through the caseload and update each other on any new information.
- District Nursing managers kept an oversight of caseloads that ranged between 126 and 232.

## Managing anticipated risks

- Staff told us that they carried out routine risk assessments when planning patients care. This included a pressure ulcer risk assessment/prevention using a recognised tool.
- All staff we spoke with were aware of the process for escalating risks and concerns to their line managers. Key risks, such as staffing and capacity issues, were discussed during routine meetings within each team.
- Staff were aware of the trust's lone worker policy, which outlined the process for managing patient and staff safety where lone and remote working took place. There was a lone working risk assessment that included instructions for staff on how to maintain their safety when carrying out lone visits to patients' homes.
- Each team logged work plans on the computer so the whereabouts of individual staff members was known.
- Staff were provided with mobile phones. In palliative care the team were piloting lone worker devices.
- Staff told us they were aware of the major incident policy, which was kept on the intranet, and their roles. Staff also had a bad weather contingency plan.
- There were security staff in both bases at weekends to help staff members feel secure.

## 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.

We rated the service as good in relation to effective because:

- Patients accessing the service received effective care and treatment that followed national clinical guidelines including those from the National Institute for Health and Care Excellence (NICE).
- The service participated in local audits. Action plans were formulated following audits and progress on these actions were monitored.
- Evidence based pathways were used and staff placed patients on these pathways as soon as possible.
- The trust's policies and procedures reflected national guidelines and best practice.
- Patients' nutritional and hydration needs were identified and addressed appropriately.
- Patients received timely analgesia when they required it.
- Patients received care and treatment from competent staff who worked well as part of a multidisciplinary team.
- Staff sought appropriate consent from patients before delivering treatment and care.
- Staff were knowledgeable about the Mental Health Act and considered this, where relevant.

However,

- Some staff reported that they had limited access to computers and had to share members of staff's computer from within other services so they had timely access to information.

### Evidence based care and treatment

- Staff complied with NICE guidance for example in falls and preventing falls, urinary and faecal incontinence and urinary tract infections.
- Physiotherapists told us they followed NICE guidance for the treatment they provided.

- We saw evidence that malnutrition universal screening tools (MUST) and pressure ulcers assessment were completed where indicated, in accordance with NICE guidance.
- Staff within the service told us that they were aware of the mental capacity act and deprivation of liberty standards (DOLS).
- Care plans were in place for adults with long term conditions and those with complex needs.

### Pain relief

- Staff told us they used the Bolton pain assessment scale to assess patients' pain levels.
- Staff told us they followed the hospital's acute pain guidelines, which were available on the intranet.
- On the annual study day pain management training was provided.
- Palliative care district nurses who provide care told us that they had rapid access to anticipatory medicines.
- Patients we spoke with told us their pain was well managed.

### Nutrition and hydration

- In records we reviewed, there was evidence that nutrition and hydration had been assessed and a MUST risk assessment tool completed where appropriate.
- Community nursing staff were aware of how to refer patients to dietetics if needed and dietetic staff were co-located at one community base.
- Dieticians ran a Community Nutrition and Dietetic clinic.

### Technology and telemedicine

- The service offered telephone contacts instead of face-to-face contacts to improve patient independence and offer support during evenings when support was needed. There had been a positive increase in the recording of telephone contacts within services such as neurology long-term conditions.

# Are services effective?

## Patient outcomes

- The service routinely monitored patient's outcomes and the findings were reviewed on a monthly basis in a variety of meetings.
- Staff told us the team leaders were monitoring avoidable admissions and analysed the data to identify any trends on a monthly basis.
- Leaders monitored that staff followed care plans.

## Competent staff

- We found that staff had the right qualifications, skills and knowledge to do their job when they commenced their roles and on a continual basis.
- Staff told us they routinely received supervision every six weeks and annual appraisals. New staff had weekly meetings. Records showed that from April 2015 – March 2016 the majority of staff (83.3%) across the services had completed their appraisals. However, this was just below the trust's target of 85%. We discussed this with staff and they told us that the appraisal rate had increased across the year (following the restructure) and in March 2016 it was 86.9%, just above the trust's target.
- Staff reported that actions identified as development points in their appraisals were being addressed.
- Staff attended fortnightly in service training on a range of subjects for example dementia and records
- Physiotherapy and Occupational Therapy had quarterly professional meetings to discuss any new learning or issues that had been identified.
- New staff attended a corporate induction and participated in comprehensive induction programmes. Staff were given an induction file to record their information in. There was a checklist within the file that individuals had to return to human resources upon completion of their induction.
- General competencies were reviewed on an annual basis. The service had manual handling training that was bespoke to community staff. The team had a moving and handling co-ordinator who trained staff on specific equipment and ensured staff were kept up to date.
- The palliative care team had annual end of life training which included the use of syringe drivers.

- The service had a medical device checklist that staff had to self-assess themselves. Two members of staff reviewed this and worked as devices leads.
- Physiotherapists told us they had two hours of protected training time each week were senior physiotherapists trained them.
- Speech and language therapists told us they had had specific approved language training. They attended North West groups for speech and language.

## Multi-disciplinary working and coordinated care pathways

- Staff worked together with teams across the community by referring patients to other teams or having MDT meetings for patients who needed input from more than one team. In the intermediate care at home team these meetings took place on a weekly basis.
- Over the last year, the service had adapted its model The Integrated Neighbourhood Team (INT) worked with GPs to help identify patients who would benefit from their intervention.
- In September 2015, the service developed a falls pathway with NWAS. An NWAS clinician reviewed patients and referred them to the Admission Avoidance Team when appropriate.
- Staff described positive relationships with gynaecology, urology, physiotherapy and women's health.
- The community nursing service reported that they had a good working relationship with Consultants. Community nurses referred patients straight to consultants when necessary.
- Staff told us they had good working relationships with patients' GPs. This meant they could access advice and medications in a timely manner.
- The admission avoidance team had a pharmacy technician working within their team. Staff felt very supported by the technician for example in looking at alternate medications and provision of dosette boxes.
- Staff told us they worked closely with voluntary agencies for example Age UK and Macmillan.
- District Nurses who provide palliative care worked closely with the hospital team to ensure care was co-ordinated.

## Are services effective?

- Arrangements were in place for working with social workers and social care providers to help plan and deliver care and treatment in a holistic way.

### Referral, transfer, discharge and transition

- The service received referrals from GPs, the hospital, North West Ambulance Service, BARDOC (the out of hours GP service) and other teams within the community.
- Staff worked closely with the local hospital to ensure that discharges were undertaken in a seamless manner.
- District Nurses would carry out extra visits to support discharges.
- District Nurses worked with local GPs to meet the care and treatment needs of the patient when they had been discharged from an acute setting.

### Access to information

- Most staff told us they had good access to IT. However, at Hulton Lane 38 team members share four computers including five social workers. The social workers normally used three of the four computers, because their system was only available on that bank of computers. This meant staff had to use computers in other offices belonging to other teams.

- Staff explained that they had good access to records and the information they needed to make decisions about patients' care.
- Records were returned to the office at the end of each staff members' shift were they were securely stored.

### Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Staff within the service told us that they were aware of the mental capacity act and deprivation of liberty standards (DOLS). Staff told us that any DOLS requests were sent to senior nursing staff for them to review.
- In the patient care we observed appropriate consent was obtained. Medical records showed evidence that consent had been sought. For palliative care patients staff told us that statements of intent were in place and we saw evidence of this.
- The service had dementia champions in the team. They worked closely with the service's dementia nurses.
- Practices regarding consent were monitored in records audits.



## Are services caring?

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

We rated the service as 'good' for caring because:

- Staff treated patients with kindness, dignity and respect.
- Staff provided care to patients while maintaining their privacy, dignity and confidentiality.
- Patients spoke very positively about the way staff treated them.
- Patients told us they were involved in decisions about their care and were informed about their plans of care.
- Staff took their time to support patients and ensure they knew what was happening.
- Staff showed that they understood the importance of providing emotional support for patients and their families.
- Patients and their families told us they felt well-supported and involved as partners in their care and treatment.

However,

- In physiotherapy staff could not completely maintain patients' confidentiality whilst carrying out treatment due to the treatment environment in areas where there are two or more plinths in the clinic. However the majority of areas are single-plinth clinics where confidentiality is maintained.

### Compassionate care

- We observed that staff were friendly and supportive to patients and that reception staff were knowledgeable and able to help patients with queries.
- The service participated in the NHS Friends and Family test. The trust had good friends and family test scores (90.4%) from April 2015 to February 2016, which was above the trust's target of 85%. To further improve the response rate the Patient Experience Team were working with Healthcare Communications to see what could be implemented for example chaser messages, preventing survey fatigue and obtaining further clarity regarding text messages.

- Patients we spoke with described positive care experiences from a range of staff. We observed positive nursing interactions with patients and their families.
- We observed patient care. Staff communicated clearly with patients and provided good explanations regarding the care they were providing.
- In most services staff were enabled to deliver respect patient confidentiality with the building design. However, in physiotherapy conversations between clinicians and patients could be overheard as the treatment area was split up by curtains. In the majority of areas there are single-plinth clinics where conversations cannot be overheard.

### Understanding and involvement of patients and those close to them

- Patients told us that they were fully informed by staff when undergoing treatment.
- Staff respected patients' rights to make choices about their care and treated patients as partners in their care. Staff communicated with patients in a way they could understand.
- Patients and their families told us that staff kept them informed about their treatment and care. They spoke positively about the information staff gave to them verbally and in the form of written materials, such as discharge information leaflets specific to their condition.
- Nurses explained to patient's families the care provision that would be in place over the Easter Holidays. This helped the patients' families know what provision would be in place.
- Patients told us that staff fully explained the treatment options to them and allowed them to make informed decisions.

### Emotional support

- Staff demonstrated good understanding of the impact that a persons care was having on their wellbeing. For example in the ear syringing clinic, staff routinely checked patients other ear to give them assurance.

## Are services caring?

- Staff understood the importance of providing patients and their families with emotional support. We observed staff providing reassurance and comfort to patients and their relatives
- Patients and relatives told us that staff supported them with their emotional needs.
- Staff had developed the telemedicine service to try and empower individuals and promote their independence.
- Staff told us they referred patients to other support services including Age Concern and Macmillan when appropriate.



# Are services responsive to people's needs?

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

We rated this service as good for responsive because:

- The service planned its services to meet the individual needs of the local population it served.
- Patients had access to the right care at the time and where targets in respect of this were not met, the service was working to improve and evidence of this improvement was well documented.
- Patients reported that they received a good service in relation to community services.
- Patients living with a disability were supported and signposted to appropriate support and all patients could access care and treatment 24 hours a day.
- We observed the service delivering care to a range of patients with different conditions.
- Complaints were dealt with in line with trust policy.

## Planning and delivering services which meet people's needs

- A review of all community services was undertaken in November 2014 and a Community Improvement Plan relating to all community services across all of the divisions was submitted to Bolton Clinical Commissioning Group on a regular basis. This review aimed to ensure that services were appropriately planned and delivered and addressed the priorities outlined in the Bolton joint social needs assessment (JSNA).
- The services had a good working arrangement with the local clinical commissioning group and other stakeholders to ensure their involvement in service planning. An example of this would be in September 2015, the service developed a falls pathway with NWS. An NWS clinician reviewed patients and referred them to the Admission Avoidance Team when appropriate.
- The service used a range of home based pathways to provide patients with on-going support and to promote their independence.
- Staff provided a flexible appointment system to meet patients' needs at the point of care.

- There was an out of hours team that worked each evening from 17:00 – 09:00 which ensured patients had 24 hours cover 365 days a year.
- In clinic facilities there were toys for children.
- The service had recently transitioned to e-rostering.
- The physiotherapy service gave patients access to a YouTube channel, which showed patients how to undertake specific exercises.

## Equality and diversity

- Staff received mandatory equality and diversity training on an annual basis.
- Interpreters were used when required and were booked in advance.
- Language Line was available for use at short notice.
- Disabled access to buildings was provided.
- The service displayed a wheelchair services information board with contact details and additional useful information for service users.

## Meeting the needs of people in vulnerable circumstances

- The service worked with support groups and charities to engage with people in vulnerable circumstances. They worked collaboratively to remove barriers for these patients to access services.
- There were adequate facilities at clinic locations to allow access and use by patients living with a disability. This included wide corridors and rails in accessible bathrooms.
- Information leaflets were available for example on getting help and support, better care and for contacting other services for example Macmillan services.

## Access to the right care at the right time

- From April 2015 – March 2016 the service received 31,219 GP referrals. This was below the trust's target of 32,829.
- The service was redesigned in 2015 to improve people's access to the right care at the right time. The service told

## Are services responsive to people's needs?

us that the introduction of the Intergrated Neighbourhood Team (INT) and the expansion and extension of the Admission Avoidance Team had continued to deflect GP referrals away from District Nursing. This allowed the team to take see patients for on-going nursing needs. The INT co-ordinators had also increased District Nursing referrals as they helped to ensure patients saw the right person at the right point in time.

- The INT team members held daily huddles where work was allocated, to solve casework problems and to improve service care, efficiency and delivery.
- The service recently developed a 'frequent flyers' list which compared admissions and attendances before INT involvement. A review of these admissions showed that INT intervention was successful in avoiding unnecessary hospital use.
- From April 2015 – March 2016 the Admission Avoidance Team had deflected 971 A&E attendances and 620 non-elective admissions.
- Re-admission rates were reduced because the service reviewed patients with re-occurring conditions within the previous 30 days.
- From April 2015 – March 2016 re-referral rates were 9.6%, which was above the trust's target of 5%. The service told us that re-referral rates were affected by patients deteriorating conditions, which had resulted in many interventions for example being seen within the stroke team and the District Nursing Domiciliary. The service explained that internal referral between teams in the same service lead to higher re-referral rates for example in neurology long term conditions a patient under the care of a multiple sclerosis team will have a new referral created if transferred to the Audio Vestibular team.
- From April 2015 – March 2016 the service had seen 68.5% of referrals within 4 weeks. This was below the trust's target of 90%. The service told us this was an improvement on the 2014/2015 position. The service explained there were some data cleansing issues with the information provided and that they had put in place steps to address this for example a PTL report. Most

teams had action plans in place to address their waiting times. Other teams waiting times were affected by their referral pattern such as community weight management were patients are seen in-group patterns every eight weeks.

- From April 2015 to March 2016 71.4% of urgent referrals were seen within four weeks. This was below the trust's target of 95%. The service told us there were a number of services with high patient volumes. In these services (District Nursing Domiciliary, Anticoagulation and District Nursing Treatment Room) patients were seen in accordance with clinical need, but the activity was not captured as 'urgent'. Of the services, which did capture urgent referrals, activity level was low and therefore percentage achievement was likely to vary significantly.
- From April 2015 – March 2016 97.7% of referrals were seen within 18 weeks. This was above the trust's target of 95%.
- From April 2015 – March 2016 the services do not attend rate was 5.6%, just above the target of 5%. The service told us and data provided supported that DNA rates had increased during March 2016. This was an improvement compared to March 2015 and the service had developed a DNA action plan. The service was aware that due to population needs, DNA rates would be improved if they ran drop in service sessions. The teams were also contacting patients to remind them about their appointments and need to attend.
- From April 2015 – March 2016 the service had held 12,797 telephone clinic appointments, which was above the trust's target of 12,294.

### Learning from complaints and concerns

- From April 2015 – November 2015 the service had received 10,092 compliments and 29 complaints. 90.9% of complaints were responded to within 35 days. This was below the trust's target of 95%. This service had put steps in place to address the response time and in January 2016 all complaints were responded to within the 35 day timescale.
- Senior nurses within teams investigated complaints.

## 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.

We rated the service as 'good' for well led because:

- There were robust governance frameworks and managers were clear about their roles and responsibilities.
- Risks were appropriately identified, monitored and there was evidence of action taken, where appropriate.
- There was clear leadership throughout the service and staff spoke positively about their leaders.
- Managers were visible and staff felt able to approach them.
- Staff told us the culture within the service was open and they felt very well supported.

### Service vision and strategy

- The service were working to follow Bolton Health and Care Locality Plan. The plan had two main aims over a five year period. These are:

To deliver real improvements in health and wellbeing across for Bolton people.

To make services more sustainable for the future.

- In order to implement the locality plan, service leaders created an annual integrated community services division plan which outlined how the service would address the five goals of care set out in the locality plan. This included the goal, lead, timescale for implementation and measures to implement the goal.
- Staff we spoke with were aware of their role to achieve the goals.

### Governance, risk management and quality measurement

- Issues with IT were preventing managers from having a true oversight of their service's performance and activity levels for example some service's budget codes covered both hospital and community services. The service told us this was a major piece of work requiring close links

between services, workforce and finance. The team were working with IT to improve recording information and to ensure all data was being appropriately captured.

- The service held monthly performance and governance meetings, which service leads attended. These meetings reviewed performance, incidents and any themes arising.
- On a monthly basis, the trust shared information about what was happening with incidents, governance and performance.
- On a bi-monthly basis, the community nursing team met with the clinical lead to discuss any relevant cases.
- There were monthly community board meetings, which senior nursing staff attended. They shared the information that was discussed with the wider team after the meetings.
- Staff were aware of their roles and responsibilities.
- Staff told us the board communicated with them through emails and bulletins.

### Leadership of this service

- Staff spoke positively about their managers and leaders. Leaders were visible, respected and competent in their roles.
- There were clearly defined and visible leadership roles. Staff told us their managers and senior leaders were visible and approachable. Staff identified members of the executive and senior management team.

### Culture within this service

- Staff told us that they felt consulted on changes and listened too. They were particularly proud of their integration with each other as an integrated care provider.
- Staff told us that the team was supportive and that everyone worked to help each other.

## Are services well-led?

- There was a strong patient centred culture within the community nursing service.
- All staff we spoke with said they felt supported by their immediate line managers and they would feel comfortable raising any concerns.
- Staff told us they had an open culture

### Public engagement

- The trust used the friends and family test to obtain patient feedback. The trust recorded a large number of responses, which has increased substantially throughout the year.
- Staff were proud of the responses they received from the friends and family test.
- Community services provided a range of patient information leaflets for patients for example on equipment usage and signposting people of services available to assist them.
- The physiotherapy service gave patients access to a YouTube channel, which showed patients how to undertake specific exercises.

### Staff engagement

- The agenda for the next staff meetings was on the wall in offices so staff were aware of it and could add to it.

- Staff were encouraged to complete the quarterly staff friends and family test survey.
- Staff explained they felt well supported in their teams and could use part of their daily huddle for supervision or support if needed.
- The service produced the 'Better Choice' newsletter to share information about the services provided and recognise achievement.

### Innovation, improvement and sustainability

- The admission avoidance team were team of the year in 2015, which recognised the team's commitment during change.
- The INT team were involved in new proposals for co-working with GP practices to support patients over 75 and those recently discharged from hospitals.
- In September 2015, the service developed a falls pathway with NWAS. An NWAS clinician reviewed patients and referred them to the Admission Avoidance Team when appropriate.
- The service had developed a new bowel pathway, which was soon to be put into practice.
- The palliative care team were booked to attend verification of death training and were due to start this after our inspection.

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.