The Pennine Acute Hospitals NHS Trust

<Provider ID>

Community health services for adults

Quality Report

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)

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

Contents

Summary of findings

Overall summary

Overall rating for this core service Good

We Community services for adults at The Pennine Acute Hospitals NHS Trust as good because:

- Staff delivered care that was caring, compassionate and supportive of patients and their families.
- The service worked effectively and engaged with other professionals to ensure patients received the required level of care and support.
- Staff appraisals were completed and staff had sufficient clinical supervision.
- Staff spoke positively about the support they were given by seniors and management.
- Staff worked effectively with hospitals, GPs and specialists to seek advice when needed.
- When we talked with patients and staff and observed care, we found that staff were passionate and committed to providing good end of life care.
- Staff were observed providing care to patients with kindness, compassion and dignity
- Safety was a high priority and there was measurement and monitoring of safety and performance within the service.
- Risks were appropriately managed and identified.
- We found that the care delivered to patients was evidence-based and in line with key documents such as National Institute of Clinical Effectiveness guidance.
- There was routine monitoring of patient outcomes of care and treatment, and patient feedback was actively sought on a regular basis.
- Patients could access the care and treatment they required in a timely way.
- There were strong areas of innovation and the service had won a number of awards for innovative practice.

However:

- Data from the NHS Friends and Family Test showed that the percentage of patients who would recommend the service to their friends and family was below the England average for the 2015/2016 period at 85%.

Summary of findings

Background to the service

Information about the service

The Pennine Acute Hospitals NHS Trust **provides community-based health services for adults, across the north Manchester area. Services include district nursing, continence, podiatry and orthotics, phlebotomy, physiotherapy, dietetics, tissue viability, occupational therapy and specialist muscular skeletal therapies.**

The district nurses are split into six teams covering different areas of north Manchester and there is an out of hour's service based at North Manchester General hospital. The Out of Hours (OOHs) service provides professional nursing assessment and advice, management and nursing treatment for patients with palliative care needs and those who are in the terminal phase of their illness. This service also aimed to reduce hospital admissions out of hours and also provided the following services:

- Assistance with the provision of emergency loans and equipment.
- Psychological support and advice.
- Administration of drugs in the out of hour's periods.

During our inspection, we visited 12 clinic buildings including a multi-disciplinary hub, spoke with patients and staff of all levels and reviewed six patient care records.

Our inspection team

Why we carried out this inspection

How we carried out this inspection

What people who use the provider say

Good practice

- The community intravenous therapy service was an innovative initiative and allowed patients to remain at home for longer.
- The service had introduced early and integrated frailty screening.
- The crisis team within the community supported patients and helped prevent readmissions to hospital.

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider MUST take to improve;

The Pennine Acute Hospitals NHS 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

Summary

We rated the service as good in relation to safe 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 servcie, training was up to date and staff felt confident to report issues when raised.

However

- The uptake for mandatory training in some subjects was variable and below the trusts 90% uptake target.

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.
- We observed safety goals and targets in use and the District Nursing teams monitored these using a dashboard system.
- One example of this was a key performance indicator in relation to the development and care of pressure ulcers. The indicator was monitored at divisional and executive level. If a patient developed a pressure ulcer at a grade 3 or above the team responsible for the patients care was required to attend a learning and scrutiny panel to examine why the ulcer had occurred and what measures could be taken to prevent a reoccurrence.

Good

Are services safe?

- Senior managers within the service routinely reviewed incidents and identified themes in relation to the end of life care service.

Incident reporting, learning and improvement

- Staff were aware of the reporting systems for incidents and staff had access to the trust-wide electronic reporting system. Staff found the system user friendly and were able to show us how they would access and submit an incident report.
- There were 425 incidents reported within the service between December 2014 and December 2015. Of these 91% were categorised as low and no harm incidents and 9% were categorised as 'moderate' harm. The highest reporting category was the implementation of ongoing care that included incidents such as development of pressure ulcers and patient falls. There were 142 incidents reported in this category. We found that incidents were investigated thoroughly irrespective of the level of harm noted and actions to minimise the risk of a reoccurrence were routinely in place.
- There was one serious incident reported for the service between December 2014 and December 2015 and this related to the development of a pressure ulcer. We reviewed the investigation into this incident and found that the review was comprehensive and included key staff involved in the patients care. As a result of the incident, a number of actions were identified and these were in the process of being completed at the time of the inspection.
- Learning from incidents was shared with staff at regular team meetings and we saw evidence of this in the form of minutes of meetings. Staff were also able to give us examples of incidents which they had recently learned from and improved practice as a result. We also saw evidence of incidents being discussed at team meetings and the district nursing forum in the form of minutes of meetings and agendas of meetings. Lessons learned were readily available for staff to view in all areas on a shared, secure computer drive.
- Staff said that they received timely and appropriate feedback when they submitted an incident form or raised a concern.

Safeguarding

- Policies and procedures for safeguarding vulnerable adults and children were accessible to staff electronically and included reference to relevant legislation.
- Community staff received mandatory training in safeguarding and vulnerable adults that included aspects of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards. All district nursing teams had a high uptake of level 2 safeguarding adults training and in all teams; the uptake rate of this training for nursing staff was above the trusts target of 90%.
- Staff received mandatory training in safeguarding children at level 2 and the uptake levels within the community nursing teams were high in all areas. .
- 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.
- Staff confirmed safeguarding was always raised at multi-disciplinary meetings and that they received meaningful feedback on any safeguarding concerns they raised.
- Staff told us that they felt confident dealing with matters of a safeguarding nature and were able to give us recent examples of cases they had dealt with.

Medicines

- 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.
- There were 88 incidents reported between December 2014 and December 2015 relating to medications. All incidents involving medications were reviewed by the community management team and discussed at monthly quality meetings to identify themes and trends.
- The destruction of controlled drugs process was clearly set out in the trust's policy on the management of controlled drugs. Staff followed this process and ensured that these medications were destroyed following the death of patients in their own home.
- We found that medications were being administered and managed safely in the community setting.

Environment and equipment

Good

Are services safe?

- 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.
- There were clear and robust processes for the maintenance and checking of equipment provided to patients in their own home. Staff were able to describe the processes and how they followed them.
- We observed the storage equipment at team bases and found that this storage was appropriate and well maintained.
- All electronic equipment had portable appliance testing (PAT) stickers and maintenance records, which would identify when it was last, checked. We reviewed the maintenance records for all syringe drivers used within the community services and these showed that all drivers had an up to date testing in place. We also reviewed records for all equipment used within the podiatry service and records showed that all relevant services and tests had been undertaken within the appropriate timescale.
- Community nurses carried standard medical equipment in line with trust policy and reported that their electrical equipment underwent annual PAT to ensure it was safe to use.
- 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.
- There were specific environmental audits undertaken for all clinical areas and these were adapted for the service using the location. For example, a specific checklist had been developed for the occupational therapy department and clinic.
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Quality of records

- The service used mainly paper based patient records and some electronic records that were used to make referrals. Records were stored securely and were easily accessible in all areas.
- We reviewed ** patients' records and found that records relating to patient treatment and care were legible and easy to follow. We found that patients' records were kept up to date and fully completed in all cases.

Cleanliness, infection control and hygiene

- 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. A trust audit undertaken in October 2015 showed that 98% of staff audited had adequate access to supplies for cleansing their hands. This audit also showed that 100% of staff audited correctly identified how they would access additional supplies if required.
- Staff were aware of when personal protective equipment should be used.
- Each community nursing team undertook quarterly hand hygiene audits. To undertake these audits the auditor would accompany staff out on home visits and observe their practice in relation to hand hygiene. If any issues of practice were identified, these would be addressed on an individual basis and additional training would be offered when appropriate. The results of these audits were circulated to the team through team meetings.
- There was a twice-yearly audit of hand hygiene practice across the community service and this was undertaken in October 2015. This showed that eight out of 13 teams scored above the 90% target for compliance with hand hygiene standards. Two out of 13 teams scored below the 90% target. The service had taken steps to address areas of low compliance at the time of the audit. 98% of staff audited during this audit were noted to be 'bare below the elbows' which can help reduce the risk of infections being spread.
- An audit undertaken in October 2015 looked at staff's compliance with the trusts uniform policy, which stipulates that staff should not wear nail polish or rings with stones to reduce the risk of infection. This audit showed that 98% of staff were compliant in this area.
- All of the clinic areas we visited were visibly clean and tidy and the equipment was noted to be visibly clean.
- There were adequate arrangements in place for the handling, storage and disposal of clinical waste, including sharps and an audit undertaken in October 2015 showed 100% compliance in relation to the disposal of waste and sharps.
- The trust had an Infection Prevention and Control policy in place that was accessible to staff on the trusts intranet site.

Mandatory training

Good

Are services safe?

- There were areas of low and high uptake in different mandatory training subjects throughout the service. These levels varied between different community and nursing teams. The uptake levels for infection control training varied from 50% to 100% against the trusts target of 90%. There was no action plan in place to address this issue.
- The uptake rate for the mandatory moving and handling patients training varied between teams. In three out of five community-nursing teams, the uptake rate was below 90% and in two teams; the rate was above the trusts target of 90%. There was no action plan in place to address this issue. Out of 23 teams in the service two were not meeting the 90% target at the time of the inspection.
- The trust provided mandatory training on equality and human rights and required 90% of staff to undertake this training. In all teams, 100% of staff had undertaken this training meeting the trusts target.
- Staff told us that they were encouraged to undertake mandatory training and that their managers monitored this.
- Staff told us that the mandatory training was often more appropriate for hospital based staff and not community specific. Staff had raised this with senior managers and as a result, some training courses had been adapted to meet the needs of the community-based staff.

Duty of Candour

- The trust had a strategy in place to deal with Duty of Candour requirements.
- Staff were aware of duty of candour which 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 gave examples of occasions when they had told patients something had not gone as planned and explained how they would exercise the duty of candour.

Assessing and responding to patient risk

- We reviewed 25 care records of patients who received community-nursing care and found that in 11 of these cases risk assessments such as nutritional assessment, pressure ulcer risk assessments and bed rails assessments were required. We found that in all cases these had been undertaken and were documented fully. We saw evidence that risks were identified on an individual patient basis and appropriate action was taken by staff in response to these risks.
- Where there were significant risks identified, we found that staff responded appropriately such as involving other multi-disciplinary teams to seek advice and ensure a joined up multi-disciplinary approach was taken to mitigate risk. We found one example where staff had arranged a meeting and worked with external agencies to minimise a safeguarding risk to a patient.
- 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.
- A daily multi-disciplinary team meeting was held at the Cornerstones centre in relation to end of life care. During these meetings, staff were able to highlight any patients they felt were at risk.

Staffing levels and caseload

- Community nursing staff told us that they felt they were well staffed and there were minimal staffing shortages.
- A recent review of the acuity levels of patients in the greater Manchester area had been undertaken and measured the quality of service provided and the overall workload of community nursing teams across Greater Manchester. This was completed using an approved and recognised tool. The results of this review showed the service had no funded-actual staffing gap and fewer temporary staff (than average) were used to make up the shortfall. The review also found that staff faced high workloads and that there was a rich mix of registered nurses, so a shift to more Support Workers was recommended. This change was implemented by the service and they have employed additional band 2 and 3 support staff.
- The vacancy rate for 25 out of 30 teams across the service was zero. In four teams, there was a vacancy rate of one or less and in one team; there was a vacancy rate of three. All vacancies were actively being recruited to and managers were aware of where they were in the recruitment process for each vacancy.

Managing anticipated risks

- We found that there were local risk register for community services. These contained appropriate risks and were reviewed and updated on a regular basis.

Good

Are services safe?

- Staff told us of ways they had dealt with adverse weather conditions in the past, such as walking to patient's homes and attending their nearest base and were aware of how to access the policy to follow regarding adverse weather conditions to ensure patient care would be delivered in these circumstances.
- The lone worker policy was implemented fully and staff were aware of how the policy was to be used.

Major incident awareness and training

- Staff were aware that the trust had a Major Incident Plan and were aware of how they would access this through the trusts intranet site.

Good

Are services effective?

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

Summary

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.
- Data showed that patients treated within the service had outcomes, which were similar to patients treated in other trusts in England.
- 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.

Evidence based care and treatment

- Patients received care and treatment that was evidence based and reflected current national and local guidelines.
- Policies and procedures within the service reflected current national guidelines and were easily accessible via the trust's intranet site.
- National guidance was used to support the delivery of care to patients throughout the service. An example of this was the pathway used to treat patients with a pressure ulcer. We reviewed this pathway in use and found that it met the National Institute for Health and Care Excellence (NICE) guidelines in relation to the management of pressure ulcers.
- Staff had easy access to evidence based guidelines used to plan patient care, including specialised end of life care medication formularies.

Pain relief

- We observed that pain relief was routinely offered to patients experiencing pain and records showed that pain was continually assessed on an ongoing basis. Where it was indicated that patients required analgesia, this was prescribed appropriately and unambiguously.
- All patients we spoke with spoke positively about the way in which their pain was managed.
- Staff told us that they had 24-hour access to syringe drivers to deliver pain relief and other medications as needed.

Nutrition and hydration

- In all 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**.** Staff talked us through the process of referral and showed us evidence in care records of patients who had been referred**.**
- Dieticians ran a Community Nutrition and Dietetic service as well as **Nutritional Support Services** for patients in the community.
- The dietetics service had developed a fast track service for patients with upper gastrointestinal cancers. This service was developed, as this group of patients are particularly likely to require additional nutritional support.
- A third party company was commissioned to deliver nutritional products and training on these products to patients in community settings. A recent audit found that 83% of patients accessing this service rated the service they received as good and 54% rated the service as excellent.

Patient outcomes

Good

Are services effective?

- The service routinely monitored patient's outcomes and the findings were reviewed on a monthly basis in a variety of meetings.
- The continence service collated data on a monthly basis in relation to the documentation of alcohol intake for patients accessing their service and the number of patients who received an annual review of their continence products. In October 2015 58% of patients received an annual review of their continence products, which was lower than the services target of 90%. However, 100% of patients had their alcohol intake recorded for the same period, which was above the service target of 95%.
- The community physiotherapy team was routinely measuring their service and the outcomes for their patients. The service was measuring the percentage of patients achieving optimum health as measured using a validated assessment tool. Data showed that for four out of five months between June 2015 and October 2015 over 85% patients achieved optimum health. Data also showed that between April 2015 and October 2015 the service consistently met their target of 100% of patients being assessed using a validated assessment tool appropriate to the scope of practice, with one only one month narrowly missing their target of 100%. The physiotherapy service also measured the percentage of adults who had a personalised care plan detailing treatments and goals to be achieved. This audit showed that 100% of patients between August and October 2015 met this standard.
- The service measured the percentage of patients with venous leg ulcer wounds that have healed at 24 weeks from the start of treatment. Data showed that this outcome was improving consistently from June 2015 when 40% of wound were reported as healed to 84% in October 2015.
- The integrated care team measured the number of emergency admissions for patients the team were actively working with on a monthly basis. Data showed that from April 2015 to October 2015 showed that no patients were admitted as emergencies during this time.

Competent staff

- Staff felt supported in their role and were competent to undertake the duties allocated to them.
- Appraisal rates were high for all district nursing teams.
- Staff told us that they were actively encouraged to undertake training additional to their mandatory requirements and were supported to improve their knowledge if they identified areas of improvement.
- There was a culture of debrief and supervision with daily debriefing meetings and clinical supervision provided by senior staff, who also then received their own supervision.
- The community nursing staff we spoke with were knowledgeable about chronic conditions and other aspects of their role.

Multi-disciplinary working and coordinated care pathways

- Care pathways were in place in the leg ulcer and tissue viability services to support clinical staff in the delivery of good evidence based care.
- There was a multi-disciplinary team approach to the planning and delivery of all aspects of end of life care.
- The specialist palliative care improvement programme team held daily meetings at their base. These meetings were attended by representatives from all community nursing team, allied health professionals, the specialist Macmillan team and the consultant with a responsibility for end of life care. These meetings were structured and comprehensive. They allowed staff to discuss any patients who required additional support and ensured that all services worked cohesively to deliver coordinated, patient centred care.
- We observed excellent multi-disciplinary team working during this meeting with advice being sought and provided to improve patient care.
- We saw extensive evidence of multi-disciplinary team working to facilitate the best possible care for patients and their families. One example of this was related to a patient who was experiencing issues with nutrition. We observed the community nursing staff, consultant, occupational therapist and dietician work together to support this patient and their family and minimise their distress.
- We found that all teams worked closely and effectively with GP's. One example of this was when a GP visited a patient and found that they required end of life care support. This GP and the community nursing team arranged a joint visit to the patient. Within a few hours, the patient had a comprehensive care plan in place to ensure their needs were met.

Good

Are services effective?

Referral, transfer, discharge and transition

- A system was in place to manage patients who did not attend appointments and processes were in place to ensure that these patients were followed up. The service monitored the number of patients who did not attend appointments and their follow up arrangements through a monthly audit tool.
- District nursing teams visiting patients at home would leave a card if nobody answered the door. However, further actions were completed for high risk patients, including contact with the patient's GP or the local hospital.
- The service measured how many vacant clinic appointments there were on a monthly basis to ensure patients could access the service in a timely way. The target for this was 11% or less and data showed that for four out of six months, this target was met but for two months, it was narrowly missed.
- Staff worked closely with the local hospital to ensure that discharges were undertaken in a seamless manner.

Access to information

- A daily handover sheet was completed for each community nursing team. This sheet contained all relevant information pertaining to patients needs on the team's caseload. This ensured that all staff had ready access to the information they required about patients.
- Patients had home held notes, which could be accessed by different professionals attending their homes.
- Records relating to the care patients received from the specialist Macmillan team were also stored at the team's base for easy access.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Staff received mandatory training in safeguarding children and vulnerable adults, which included aspects of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberties Safeguards (DoLS).
- Staff had access to both a trust that guided them through issues relating to consent, mental capacity and deprivation of liberty safeguards. The documents also provided further sources of information for staff if required.
- All staff displayed an understanding of the requirements of the MCA 2005 and were able to give us examples of how they would apply this in their practice.

Good

Are services caring?

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

Summary

We rated the service as 'good' for caring 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:

- Data from the NHS Friends and Family Test showed that the percentage of patients who would recommend the service to their friends and family was below the England average for the 2015/2016 period at 85%. In January 2016 the service scored 91.7%.

Compassionate care

- Patients felt happy with all of the services provided for them. They reported having good care and that staff were friendly, caring and helpful.
- Patients and their relatives told us that they felt welcomed by staff.
- During interactions, staff were courteous, professional, organised and put patients at ease.
- We found evidence that privacy and dignity was considered and maintained at all times and was considered by staff.
- Data provided by the NHS friends and family test (FFT) showed 35% of patients responded to this test that was about the same as other trusts in England. This showed that 85% of patients would recommend the service to their friends and family for the 2015/2016 period. However in January 2016 the service scored 91.7%.

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.
- Patients told us that staff fully explained the treatment options to them and allowed them to make informed decisions.

Emotional support

- 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.
- Chaplaincy services were available within the trust to provide additional emotional support and staff were able to tell us how they would access these for patients.

Good

Are services responsive to people's needs?

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

Summary

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

- Complaints were well managed and evidence of action taken because of them was evident.
- 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 patents could access care and treatment 24 hours a day.
- We observed the service delivering care to a range of patients with different conditions.
- The trusts were actively working to remove barriers to patients from different groups to access services. This included work with local faith leaders and community figures from minority groups.

Planning and delivering services which meet people's needs

- The service was adapted and tailored to meet the needs of the diverse local population. We found that patient's needs were central to the planning and delivery of local services. One example of this was the implementation and development of frailty screening across health and social care pathways in the community including linking to palliative care and preventative self-care services. Another example of this was the recognition by the service that patients would rather be treated in their own home where possible. As a result, the service had developed a home intravenous therapy service that included various treatment pathways for conditions including cellulitis, respiratory diseases and subcutaneous fluids. This allowed patients to remain at home while receiving the care and treatment they required.
- Another strand of this programme was the introduction of a multi-disciplinary end of life care team co located in one base to facilitate a holistic approach to patients care. The team was based in one office in a local health centre. This allowed all members of the team to share their knowledge and respond quickly to patients changing needs. This team worked closely with all community-nursing teams, charities, support groups and GP practices. This close working relationship between multiple organisations allowed the service to be flexible
- We were told by senior staff that they routinely sought patient feedback when planning or changing services. This was completed through local consultation with service user groups and was supported by third party organisations including charities.

Equality and diversity

- The community nursing teams gave us examples of when they had referred patients living with a disability to support groups.
- We saw that all leaflets provided to patients by the service could be provided to patients if their first language was not English. On the reverse of these leaflets, a message guiding patients on how to request material was displayed in a number of languages including Arabic and Chinese.
- Staff were able to tell us how they would access a translator if they needed to. These materials could also be provided in braille and audio formats.

Meeting the needs of people in vulnerable circumstances

- The service worked with support groups and charities to engage with people in vulnerable circumstances. They would collaboratively to remove barriers for these patients to access services.
- One example of this was their work with local faith leaders and community leaders from minority communities. The service had worked closely with a specific religious group in relation to the cultures and practices after death. They had imparted this information to staff and had a close link with a local funeral director from this community.

Good

Are services responsive to people's needs?

- The service had a specific pathway for the treatment of patients living with dementia. This pathway allowed consistent and standardised care to be provided to this group of patients.
- There were adequate facilities at clinic locations to allow access and use by patients living with a disability. Including wide corridors and rails in accessible bathrooms.
- Staff across the service were aware of when they should consider making reasonable adjustments for a patients living with a disability.
- Information leaflets about services available and discharge advice were readily available in the department. Leaflets could also be provided other formats, such as braille and audio, if requested.

Access to the right care at the right time

- Patients had access to 24-hour care through the community nursing team during the daytime and the out of hour's service at night.
- The out of hours district nursing service was based at North Manchester General Hospital and provided community nursing support outside of normal working hours.
- All patients we spoke with told us that the service was excellent and that they felt well supported including during out of hour's periods.
- The crisis response team (this team would see patents that required urgent and multi-faceted community support and care to prevent readmission to an acute hospital) had a target to see a minimum of 45 patients as admission avoidance each month. Data showed that between April 2015 and October 2015 the team met and exceeded this target for five out of six months. The crisis team also monitored whether patients could access timely assessment when they had been referred into the service. The services target was to see 90% of patients within two hours of referral. The team had not met this target for the six-month period between April 2015 and October 2015. However, managers within the service were aware of this and were working to improve the compliance with this target. Data showed that between August 2015 and October 2015 the percentage of patients seen in this timeframe-improved month on month from 78% to 85%.
- The physiotherapy service also measured how long patients had to wait to access their service. Their target was to see 100% of patents within six weeks of referral. Data showed that between April 2015 and October 2015 100% of patients were seen within this timeframe.
- The number of cancelled clinics within the service was closely monitored by service managers. We found that very few clinics were cancelled and an example of this was the tissue viability service, which cancelled no clinics for the six-month period of April 2015 to October 2015.
- The cardiac rehabilitation had a target to refer 100% of patients for longer-term rehabilitation. Data showed that between April 2015 and October 2015 100% of patients were referred for this service.

Learning from complaints and concerns

- Information on how to raise a complaint and contact details of the patients advice and liaison service (PALS) team was prominently displayed in clinic areas. This team could be accessed at one of the acute hospital sites.
- Staff understood the process for receiving and handling complaints and were able to give examples of how they would deal with a complaint from a patient.
- The trust recorded complaints on the trust-wide system. The managers within the service were responsible for investigating complaints and to identify themes and trends.
- We reviewed one complaint record and found that this had been appropriately documented and tracked. The complaint had been responded to in a timely manner and apologies had been offered, where appropriate.
- Information about complaints was discussed during staff meetings to facilitate learning and we saw evidence of this in meeting minutes.
- Senior staff also told us that they worked with staff individually to address any issues of performance highlighted because of a complaint.

Good

Are services well-led?

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

Summary

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

- The trust's vision and values were embedded and staff embodied these values in their daily working lives.
- 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.
- There were areas of strong innovation and leaders within the services were working to continually improve services.

Service vision and strategy

- We saw the trust's vision and values were visible on posters and computer screens in the clinics we visited and staff were aware of these.
- Staff told us the board communicated with them through emails and bulletins.
- The community nursing teams had a good awareness of the 'six Cs'. This is an NHS strategy promoting core values such as compassion, communication and courage.

Governance, risk management and quality measurement

- There was a robust governance framework within the service. Senior managers were clear on their roles in relation to governance and they identified, understood and appropriately managed quality, performance and risk.
- There was a risk register in place and there was a clear alignment of risks recorded with what staff told us was concerning them. Managers regularly reviewed, updated and escalated the risks on these registers, where appropriate. There were action plans in place to address the identified risks. There was a system in place that allowed senior staff to escalate risks to trust board level through various meetings.
- Audit and monitoring of key processes took place in the service to monitor performance against objectives. Senior managers monitored information relating to performance against key quality, safety and performance objectives through performance dashboards and meetings.
- There was regular monthly clinical governance meetings held and we saw minutes from this meeting. Subjects discussed included current risks, themes and trends of incidents and recent incidents.
- The board assurance framework referred to community services.
- The service used internal audit to monitor quality and drive improvements.

Leadership of this service

- The leadership in the service reflected the vision and values set out by the trust. 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 mangers and senior leaders were visible and approachable. Staff identified members of the executive and senior management team.
- Staff spoke positively of their lead nurses and clinical managers.
- Staff felt their leaders supported them to form supportive relationships between their team members and other teams.

Culture within this service

- Staff told us that they felt respected and valued.
- 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.

Good

Are services well-led?

- Staff told us they had an open culture and were not afraid of speaking up if they made an error or had a concern.
- Senior managers within the service told us they felt supported by the trust senior management and board.

Public engagement

- Patient feedback and opinion was routinely sought through regular service user forums and meetings. Their opinions were taken into account when planning the delivery of services in relation to end of life care.
- The service participated in the NHS Friends and Family test, which gives people the opportunity to provide feedback about the care and treatment they received.

Staff engagement

- Staff participated in regular team meetings led by the team leaders and service managers.
- Staff told us they received support and regular communication from their managers in the form of emails, newsletters and individual interactions.
- All staff we spoke with told us they felt they had opportunity to discuss any developments or changes within the service
- The trust also engaged with staff via newsletters and through correspondence displayed on notice boards in staff areas.
- There was a district nurse and Macmillan review group, who reviewed the EOLC and particularly the hub model of working on a regular basis. We reviewed minutes from these meetings that showed that staff at all levels were involved and their feedback was taken on board and used to develop the service further.
- Staff also told us that they were actively encouraged to feedback any issues they have to their leaders. They outlined to us how they would do this either by email or using the incident reporting system.
- Staff told us that they received timely feedback when they raised a concern or an incident.
- Staff told us that they felt that their managers engaged with them in a one to one and team setting.

Innovation, improvement and sustainability

- The service had initiated a number of innovative projects including frailty screening, home IV therapy service and six day working by the Community Stroke Team to provide an early supported discharge pathway from the specialist stroke unit.
- There was also a community based leg circulation service that had recently hosted two visiting allied health professionals from Hong Kong, to help equip them to set up a similar service in Hong Kong.
- A number of awards had been won by the service including a nursing times award for Nursing in the Community and specifically for the Leg Circulation Service. The service had also won internal awards for leadership, partnership, transformation and innovation. The service was also a finalist for an award in the health service journal for the crisis response team redesign.
- The service had comprehensive plans for the future and these outlined how the service would be sustained in the future.
- Staff and managers were continually striving to improve the care and treatment patients received.
- Staff told us they were able to suggest improvements to managers and they considered and implemented them where possible.
- Leaders were working to continually improve services. We saw evidence of this in the form of benchmarking meetings with other local trusts and with external stakeholders.

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.

This section is primarily information for the provider

Enforcement actions

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.