City Health Care Partnership CIC

Community health services for adults

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Are services safe?	**Inspected but not rated**
Are services effective?	**Inspected but not rated**
Are services well-led?	**Inspected but not rated**

Our findings

Community health services for adults

Inspected but not rated

We carried out this focused inspection because we had concerns about the quality of services. The inspection was focused on the management of wound care within the Hull and East Riding community nursing service. The inspection did not look at other services provided by City Health Care Partnership or other areas of the community nursing service.

City Health Care Partnership is a co-owned independent community healthcare service providing a range of community services in Hull, the East Riding of Yorkshire, Knowlsey and St Helens. Community nursing services within Hull and East Riding are delivered from three main bases at Bransholme health centre, Longhill health centre and Priory Park health centre. During this inspection we visited the bases at Longhill and Priory Park health centres.

This was a focused inspection, so we did not re-rate the service. The service was last inspected in November 2016 and the existing rating of good remains in place. We did not identify any required enforcement action during this inspection. We found:

- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned. Managers ensured actions identified from investigations were implemented and monitored.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff monitored the effectiveness of care and treatment. They used findings to make improvements.
- Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff had access to specialist training and support from professional leads and practice teachers.
- The service operated effective governance processes. Performance and risk were managed well. Staff were clear about their roles and accountabilities and had opportunities to meet, discuss and learn from the performance of the service.

However:

- Although policies, procedures and guidance documents reflected up to date best practice not all guidance documents had issue dates, version numbers or review dates.

How we carried out the inspection

This was a focused inspection and we did not inspect against all of the key lines of enquiry or against all five key questions. This inspection focused on elements of the safe, effective and well-led key questions. We did not inspect against the caring or responsive key questions.

We gave the service a short period of notice the day before the inspection visit as we needed to ensure staff would be available to speak to us within the community hubs.

Our findings

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

- visited two community hubs, one of which included a treatment room;
- spoke with seven patients who were using the service;
- spoke with eight nursing staff, two professional leads and a clinical project lead;
- spoke with three other senior managers;
- reviewed 11 care and treatment records;
- observed seven patient appointments;
- observed two operational meetings; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

You can find further information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Is the service safe?

Inspected but not rated

We did not re-rate the service at this inspection. Our rating of safe stayed the same. At the last inspection we rated it as good

Assessing and responding to patient risk

Staff identified, assessed and managed risk well. We reviewed 11 care records. Each care record included relevant risk assessments in relation to wound care, leg ulcers or pressure sores. Risk assessments were comprehensive and had been completed in a timely manner. Risk assessments were reviewed regularly and updated in response to changes in presentation, risk or circumstance. Risk assessments were all up to date and used to inform care plans. Staff knew about and dealt with any specific risk issues. They took action to remove or minimise risks and responded promptly to any sudden deterioration in a patient's health.

Staff shared key information to keep patients safe when handing over their care to others. Care records we reviewed demonstrated good record keeping and effective communication between staff internally and external to the service.

Incidents

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the provider policy. Incidents were reported on an electronic system and reviewed by team managers and operational leads. There were policies and procedures in place to support the further investigation of incidents where required. Staff had been trained in root cause anlaysis.

Managers shared learning from incidents and investigations with staff within team meetings, clinical supervision sessions and in ad-hoc learning events. Staff were given protected time to attend learning events.

Our findings

There were processes in place to monitor the implementation of action plans derived from incidents and investigations. Completed investigations and action plans were signed off by operational managers and the provider's quality team. Findings and actions were discussed within governance forums.

We reviewed the investigation, action plan and shared learning from one serious incident. The action plan from the investigation had been completed. Staff we spoke with were aware of the incident and the learning from it. There was evidence that changes had been made as a result of feedback.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong.

Is the service effective?

Inspected but not rated

We did not re-rate the service at this inspection. Our rating of effective stayed the same. At the last inspection we rated it as good.

Evidence-based care and treatment

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff had access to appropriate guidance around wound care, leg ulcers and pressure sores as well as associated concerns such as sepsis. Current best practice formulary guidelines were utilised to identify correct dressings. All guidance was available to staff on the provider's intranet and also within the electronic care record system.

The service was an implementation site for the National Wound Care Strategy Lower Limbs Recommendation programme. This had resulted in new care pathways being introduced including a specific pathway for lower limb injuries. Patients referring with lower limb injuries below the malleolus were now referred directly to podiatry services during triage.

The service had also piloted a new assessment process in the East Riding team. Patients' initial assessments were now booked for 90 minutes and whenever possible took place in a treatment room facility. The extended assessment appointment was multi-disciplinary and enabled staff to complete all relevant assessments and interventions without having to book the patient in for further appointments. For example, staff were now able to complete doppler assessments as part of the initial assessment rather than having to book in a separate appointment. Doppler assessments use ultrasound technology to asses arterial disease in the lower leg.

The extended timeframe also enabled staff to commence treatment at the initial appointment where this was appropriate. The service reported that under the new process the healing rates for wounds and ulcers had improved. The service was planning to roll out the new assessment process across all services.

Our findings

We reviewed 11 care records. Staff completed holistic assessments on each patient. Assessments were reflected within care plans. Assessments and care plans reflected best practice guidance. Care records evidenced appropriate referrals to other services and included up to date plans from other professionals involved in the patients' care, including tissue viability nurses. Staff reviewed and updated care plans regularly and in response to any change in presentation or circumstance.

Patient outcomes

The service completed a programme of audit to monitor the safety and effectiveness of care and treatment. Audits were overseen by two professional leads employed by the service as well as the provider's quality team. Audits covered areas such as record keeping, risk assessments and care planning. The service participated in relevant national clinical audits.

Audits were RAG rated and shared with senior management through governance forums. Results of audits were cascaded to staff through team meetings and in supervision sessions. Managers and staff used the results to improve patients' outcomes.

Competent staff

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service employed two professional leads who were supported by practice teacher posts. The professional leads supported the learning and development needs of staff. Managers and the professional leads identified any training needs staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had access to a range of specialist training relating to the management and treatment of wounds, leg ulcers and pressure sores. This included courses on anatomy and physiology of the skin, improving the assessment of wounds, pressure ulcer and pressure ulcer staging, wound documentation and photography and tissue viability. Specialist training was in both face to face and e-learning formats.

The professional leads supported staff to develop through regular, constructive clinical supervision of their work. This took place in both individual and group formats. New staff had monthly supervision during a six-month probation period. All staff had access to supervision a minimum of three-monthly.

Staff completed competency assessments as part of a clinical skills passport. This covered competency in key areas of wound care, leg ulcer and pressure sore management. Staff were signed off as competent following observation by staff members who were already signed off.

Staff we spoke with told us they felt supported and knew where to go for advice and guidance if they required it.

Is the service well-led?

Inspected but not rated

We did not re-rate the service at this inspection. Our rating of well-led stayed the same. At the last inspection we rated it as good.

Governance

Our findings

Our findings from the other key questions demonstrated that governance processes operated effectively at service level. Performance and risk were managed well. There were processes in place to monitor the safety and effectiveness of care and treatment. Staff were supported to develop their skills and knowledge. There was a governance structure supporting the service including forums in which incidents and assurance processes were discussed and lessons learned were shared.

Staff had access to a library of policies, procedures and guidance documents to support them. However, whilst all guidance contained up to date information based on best practice not all guidance documents had an issue, version number or review date.

Staff had access to regular team meetings. There was a clear framework of what was to be discussed at meetings.

Staff were clear about their roles and accountabilities and had opportunities to meet, discuss and learn from the performance of the service. Staff understood the arrangements for working with other teams, both within the service, the provider and externally

Management of risk, issues and performance

The service monitored performance against a range of metrics. These included metrics captured as part of the National Wound Care Strategy Lower Limb Recommendations Implementation project. The service produced monthly performance reports covering key performance indicators which were reviewed in monthly and quarterly governance meetings.

Staff had access to a risk register. Staff were able to raise issues for inclusion on the risk register via their line manager.

Staff had access to the information they needed to provide safe and effective care and used that information to good effect.

Learning, continuous improvement and innovation

Staff were committed to continually learning and improving services. The service was part of the National Wound Care Strategy Lower Limb Recommendations Implementation project.

Our findings

Outstanding practice

We found the following outstanding practice:

- The service was piloting a new 90 minute initial assessment. This allowed for all relevant assessments and tests to be completed without the need for further appointments. In addition, it meant that treatment could be commenced as part of that assessment process.

Areas for improvement

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

Action the service SHOULD take to improve:

- The service should ensure that all policies, procedures and guidance documents include issue dates, version numbers and review dates.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector and a specialist advisor with expertise in wound care and community nursing.