

Hertfordshire Community NHS Trust

RY4

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)
RY4X6	St. Albans City Hospital	Community Health Services for Adults	AL3 5PN

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

Summary of findings

Ratings

Overall rating for the service

Good



Are services safe?

Requires improvement



Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Summary of findings

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Summary of findings

Overall summary

The Care Quality Commission carried out a comprehensive inspection between 17 and 20 February 2015, which found that overall, the trust had a rating of requires improvement.

Community health services for adults were rated as good overall, but required improvement for safety.

We carried out an unannounced, focused inspection on 18 - 19 April 2016 to review the actions that had been taken by the trust to improve this. Overall, we saw progress had been made however; we only reviewed those elements of safety that were of concern in 2015 and did not review the whole of safety. In addition, the focused inspection took place more than six months after the original inspection and therefore this has not led to a change of rating. There were plans in place to continue with improvements.

We found that:

- During the previous inspection in February 2015, there was a lack of grip by the trust on staffing shortages in almost all disciplines and an effective plan to address this. We saw, in April 2016 that staffing levels had improved and the trust had introduced a variety of measures to attract and retain staff. New policies and working groups had been introduced which involved all levels of staff from departmental heads through to the executive team and the board. Staff vacancies had decreased across the trust.
- During the previous inspection in February 2015, items of equipment did not have stickers on them to identify their cleanliness and that some examination rooms had cracks in the walls and damaged plaster. We found improvements and that 'I'm clean stickers' were placed on equipment that had been cleaned.
- We also saw that the rooms where patients' treatment took place were small and did not have sufficient room to use a hoist should a person fall. Since the last inspection the trust had 'decluttered' the room and had rearranged the position of furniture; this had been moved back to its original position due to patients' preference. The trust were limited as to what they could do whilst leasing the current premises, however, plans were in place for the service to move location with more space for patients and equipment.
- At the previous inspection, the trust had introduced a new electronic system for patient records. A paper light system (a paper light record was at the patient's home, for visiting professionals to record a brief overview of care provided) was also in place to ensure relevant records were kept at the patient's home.
- During the previous inspection, we had identified some issues with accessibility of information; these had now largely been resolved.

Summary of findings

Background to the service

Hertfordshire Community NHS Trust (HCT) is responsible for delivering a wide range of community health services across Hertfordshire. HCT serves the communities of Hertfordshire.

HCT delivers NHS services for people in the community for example the Integrated Community Teams (ICT). The teams consist of community nurses, physiotherapists, occupational therapists and specialist nurses whose aims are to support patients being discharged from hospital back to their own homes.

The HomeFirst service supports older people and others with long term or complex conditions to remain at home

rather than being admitted into hospital or residential care. The team is made up of nurses, social workers, therapists and home care workers. The HomeFirst team works alongside GPs. The aim of the service is to help people stay well, independent and supported in their own home to enable them to get back into familiar routines and independent lifestyle.

The Rapid Response service offers a timely assessment and rapid social and health care input for patients who are in a “crisis” and would otherwise need a hospital admission.

Our inspection team

Our inspection team was led by:

Team Leader: Kim Handel, Inspection Manager, Care Quality Commission.

The inspection was conducted by one CQC inspector.

Why we carried out this inspection

We carried out this unannounced inspection focusing on elements of safety, which was rated as requires improvement at the previous inspection 17- 20 February 2015.

How we carried out this inspection

We undertook a responsive inspection to follow up concerns, which had been identified during the inspection in February 2015 and therefore we did not inspect every aspect of the service. We focused on specific elements of safety. During the visit, we spoke with

a range of staff who worked within the service, for example, nurses and the service manager. We looked at equipment, the environment and reviewed relevant documentation.

What people who use the provider say

We did not speak with patients as part of this inspection.

Hertfordshire Community NHS Trust

Community health services for adults

Detailed findings from this inspection

Requires improvement 

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We rated safe, for community health services for adults as requires improvement because:

The focused inspection reviewed the main areas, which required improvement from the previous inspection. However, because we focused on those areas that required improvement, only, did not re-inspect the full safety domain and the inspection took place more than six months after the original inspection in February 2015, we are unable to re rate safety.

Detailed findings:

Incident reporting, learning and improvement

- We did not gather evidence for this as part of the inspection.

Duty of Candour

- We did not gather evidence for this as part of the inspection.

Safeguarding

- We did not gather evidence for this as part of the inspection.

Medicines management

- We did not gather evidence for this as part of the inspection.

Safety of equipment and environment

- During the previous inspection in February 2015, we saw that items of equipment did not have stickers on them to identify whether they had been cleaned and were ready for use. In addition, some examination rooms had cracks in the walls and damaged plaster.
- We also saw that the rooms where treatment took place were small and did not have sufficient room to use a hoist should a person fall.
- We reviewed each of these issues and found that improvements had been made.
- Stickers which identified items had been cleaned were being used. Stickers were placed on items of equipment stating when they had last been cleaned.

Are services safe?

- Cracks and damaged walls had been repaired and re-plastered.
- The rooms used to provide clinical care were small but had been tidied and decluttered. The treatment couches had been reorganised to create space, however, patients had reported that they were dissatisfied with the changes and therefore the couches were moved back to their original position. This meant that there was still a risk that a hoist could not be used in the room, should a patient fall and need to be lifted.
- We were told that there had been no falls in the clinical rooms since the last inspection and therefore a hoist had not been needed. However, this remained a risk and the service manager had completed a risk assessment which identified the hazards and control measures in place.
- Further plans were in place to remove the desk and computer and replace this with a mobile computer, thus creating additional space.
- We were told that the service had been given notice on the lease of the current rooms and that they were likely to be moving to a new location in September 2016. In addition most staff had received manual handling training and had access to patient slide board and hoist from nearby unit to support safe manual handling practice.

Records and management

- At the previous inspection, the trust had introduced a new electronic system for patient records. A 'paper light' system was also in place to ensure relevant records were kept at the patient's home (A paper light system ensured that basic information about the patient, including personal information and a brief summary of their medical condition and treatment needs were recorded on records and stored at their home). During the previous inspection, we had identified some issues with accessibility of information; we saw that these had now largely been resolved.
- During the inspection in February 2015, the paper light notes did not include details of a patient's consent to care and treatment or the sharing of information. As part of the system upgrade, consent to care and treatment was available on the electronic system, where patient's consent was recorded.
- District nurses' referral forms were not previously available on the hospital's electronic system, which

meant they had to print off a copy and email the information, which increased the risk of transmitting it to the wrong person. We found that this had been resolved and the forms were available on the electronic system.

- At the previous inspection, there had been connectivity problems, which meant that when staff were working remotely, they were unable to connect with the electronic records. This had also improved and the network was now on a 4G network, a mobile communication standard, which allows access to a network at a much faster rate. The staff we spoke with told us this had improved connection and that although there were areas not covered by 4G and occasionally times when the system went down, on the whole, electronic records could be accessed. When the system was not available, records would be recorded manually and then transferred to the electronic record when the health professional could access the system.

Cleanliness, infection control and hygiene

- We did not gather evidence for this as part of the inspection.

Mandatory training

- We did not gather evidence for this as part of the inspection.

Assessing and responding to patient risk

- We did not gather evidence for this as part of the inspection.

Staffing levels and caseload

- Staffing levels, skill mix and caseloads were planned and reviewed so that people received safe care and treatment. This was in line with relevant tools and guidance.
- During our inspection in February 2015, we saw the Workforce Resourcing Framework and Plan 2016-19 which had recognised the need to develop staff recruitment, skills, knowledge and values. The trust had set up a "task and finishing" group regarding recruitment. However, despite this we saw that there was a lack of grip at board and executive level with regards to development of effective plans to address staff and skill shortages.
- At our inspection in April 2016 we saw that the Workforce Resourcing Framework and Plan 2016-19 had

Are services safe?

recognised the need to develop staff recruitment, skills, knowledge and values. The trust had set up a “task and finishing” group regarding recruitment. This group had put a number of initiatives in place, for example, overseas recruitment, reconfiguration of services and retention bonuses. Progress was reported through the organisation to the board.

- During our previous inspection in February 2015, the district nurses were undertaking up to 22 contacts per day. Evidence shows that this has been reduced to an average of seven by April 2016.
- At our previous visit we saw that the podiatrists had a case load of 380 patients against a target of 300. Since then another 4.8 whole time equivalent podiatrists had been recruited. This had reduced caseloads to within targets.

- Overall the trust vacancy rate had reduced from 13% overall to 9% with an increasing downward trajectory.
- At the time of the focused inspection April 2016 Hertfordshire Community Trust was a shortlisted finalist in the Healthcare People Management Association award, under the Health Services Journal Strategic Recruitment Award category.

Managing anticipated risks

- We did not gather evidence for this as part of the inspection.

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 did not inspect this aspect of the service and therefore it was not rated.

Are services caring?

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

We did not inspect this aspect of the service and therefore it was not rated.

Are services responsive to people's needs?

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

We did not inspect this aspect of the service and therefore it was not rated.

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 did not inspect this aspect of the service and therefore it was not rated.