Lewisham and Greenwich NHS Trust

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)
RJ2C1	Waldron Health Centre		SE14 6LD
	Lee Health Centre		
	Ivy House		

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

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Overall summary

Overall rating for this core service GOOD

We rated safe, effective, caring, responsive and well led as good.This was because

- Staff used trust wide systems to report and record safety incidents. These were escalated and investigated appropriately and learning was shared.
- Staff used patient risk and care assessments to identify and respond to risks. There were daily discussions of complex patients.
- Community staff were knowledgeable about safeguarding procedures and knew who they would report any concerns to.
- Community nursing staff had access to specialised equipment to meet patients' needs when required.
- The service had a number of policies and procedures in place which were based on the national institute for health and care excellence (NICE) or other nationally or internationally recognised guidelines.
- Patients had their pain assessed and monitored depending on their needs. There were processes for obtaining pain relief for patients if required.
- Patients were assessed for their nutrition needs and action plans with referrals to appropriate health care providers were made.
- Staff had received an annual appraisal and had opportunities for their personal development as a result. There were numerous examples of staff being trained and developed, and while some training had been on hold previously, this was no longer the case.
- Staff sought consent before undertaking any care interventions. Records showed evidence that consent was gained for care and treatment.
- Staff were clear about their roles and responsibilities regarding the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.
- Patients we spoke with were positive about the staff that provided care and treatment. They told us they had confidence in the staff and the advice they received.
- We observed the way patients were treated, both in the home and in clinic settings. We observed staff using a respectful, compassionate and kind approach; patients gave positive feedback about the care they had received and the manner, which it had been given to them.
- Patients and relatives we spoke with confirmed that they felt involved in their care. Patients told us the staff had explained their treatment options to them, and they were aware of what was happening with their care.
- The friends and family test (FFT) for Lewisham adult community services for the period November 2015 and October 2016 showed that 98% of patients would recommend the service.
- Most services were achieving the 18 week referral to treatment targets pathway. There were many examples of teams working responsively and collaboratively to meet their patients' needs and to provide care within the patients' home environment.
- Patient equality and diversity was taken into account, Patient information could be provided in different languages. Staff could access translation services as and when required.
- The service provided a range of specialist therapeutic interventions
- The service worked closely with commissioners, local authorities, people who used services, primary care services and other local providers to ensure it understood the needs of the population it served in order to plan and deliver services.
- Governance structures were in place within adult community services. There were local governance meetings that fed into neighbourhood meetings and Divisional governance meetings.. Clinical dashboards and performance checkpoint reports were used to monitor of incidents, complaints, risks and performance.
- Risks were identified on the risk register and local risk logs and action was being taken to mitigate the risks. For example, staff in community sexual health services identified that a lack of laboratory capacity and challenges with the electronic records system meant there was a risk patients would not receive test results in a timely manner. This involved the intermittent failure of the text message system. In response an IT

Summary of findings

analyst was working with the systems team to identify and resolve the issue and an alternative communication strategy had been temporarily implemented. Most staff were aware of what concerns were included on the divisional risk register.

- The vision and strategy for community services for adults was closely aligned to the trusts to wider vision and strategy.
- Staff we spoke with told us that they felt valued and respected; and said there was an open and transparent culture.
- There were opportunities for further learning and development. Staff told us they were motivated and they were able to progress.

However:

- There were significant vacancies across the adult community services. The overall vacancy rate was 38%.
- Completion of mandatory training with the adult community services was 77% which was below the trusts target of 85%.
- The response rate to the staff survey was low at 15%. The staff friends and family test (FFT) for Lewisham adult community services for the period December 2015 to September 2016 showed that 71% of staff would recommend the trust to friends and family as a place to receive care or treatment and 63% of staff would recommend it as a place to work.

Summary of findings

Background to the service

Information about the service

The trust provides a range of adult community services to support people in the London Borough of Lewisham in staying healthy, to help them manage their long-term conditions, to avoid hospital admission and support them at home following discharge from hospital. The services provided by the community nursing services include respiratory, bladder and bowel services, lymphedema and leg ulcer service. The services provided by the Lewisham adult therapy team (LATT) are community based physiotherapy, occupational therapy and speech and language. In addition there are integrated health and social care teams as part of the intermediate care admissions avoidance pathway. As part of our inspection we also visited the Waldron Health Centre sexual health clinic, which provides sexual health services as part of the trust's sexual health, genitourinary medicine, HIV and contraception service.

The community nursing team received a total of 7,051 referrals to the service between April 2016 and November 2016. During the same period the community nursing team undertook a total of 113,951 face to face contacts with patients and a total of 185 contacts were made via telephone.

The LATT team received a total of 2,850 referrals to the service between April 2016 and February 2017. During the same period the LATT team undertook 6,792 appointments.

Between March 2016 and March 2017, community sexual and reproductive health clinics saw 20,221 individual patients and 31,097 clinical consultations took place.

Adult community services are provided across the London Borough of Lewisham at a wide range of community locations including clinics and health centres. Services visited included:

- Community nursing at Waldron Health Centre and Lee Health Centre
- Waldron Health Centre sexual health clinic
- The leg ulcer service
- The bladder and bowel service
- Phlebotomy services
- Lewisham adult therapy team (LATT) at Ivy House

Our inspection team

Our inspection team was led by:

Chair: Dr Timothy Ho, Medical Director Frimley Health NHS Foundation Trust

Head of Hospital Inspections: Nick Mulholland Head of Hospital Inspection Care Quality Commission

The team that inspected adult community healthcare services included a CQC inspector and two specialist advisors.

Why we carried out this inspection

We carried out this inspection to determine whether the hospital had made progress following their 2014 comprehensive inspection. Community services were not included in that inspection.

Summary of findings

How we carried out this inspection

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?

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 7th and 9th March 2017. Prior to the visit we held focus groups with a range of staff who worked within the service, such as nurses, therapists and managers. 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.

During the inspection we visited a number of teams based at three locations: Waldron sexual health centre, Lee Health Centre and Ivy House we also accompanied staff on home visits.

We spoke with a total of 32 community nurses and allied health care professionals, managers and administration staff and spoke with 19 patients and their relatives. In community sexual health services we spoke with a consultant and four doctors, two senior nurses including the matron and four other members of clinical and non-clinical staff. We spoke with one patient on the day of our inspection and considered additional patient feedback from the NHS Friends and Family Test results.

What people who use the provider say

Patients told us they had confidence in the staff they saw and the advice they received. We spoke with 19 patients and carers. All were very happy with the care they received. Patients told us that staff were "caring", "friendly and helpful" and "very supportive and they were "very happy with the service received".

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider SHOULD take to improve

Continue to recruit staff to reduce the number of vacancies, including medical staff, across adult community services.

Improve the uptake of mandatory training.

Consider how the views of staff can be obtained and how the response rate to the staff survey can be improved.

Lewisham and Greenwich 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 safe as good.This was because**:**

- Staff used trust wide systems to report and record safety incidents. These were escalated and investigated appropriately and learning was shared.
- Staff used patient risk and care assessments to identify and respond to risks. There were daily discussions of complex patients.
- Community staff were knowledgeable about safeguarding procedures and knew who they would report any concerns to.
- Community nursing staff had access to specialised equipment to meet patients' needs when required.

However:

- There were significant vacancies across the adult community services. The overall vacancy rate was 38%. However this was managed by temporary and agency staff.
- Completion of mandatory training with the adult community services was 77% which was below the trusts target of 85%.

Safety performance

- For the 12 month period from February 2016 to January 2017 the average percentage of patients' receiving harm free care was 99%. The trust monitored NHS safety thermometer data in relation to the care it provided through the community services for adults. The safety thermometer is a monthly snapshot audit of progress in providing care free of harm for patients. The types of harm it monitors include falls, pressure ulcers, catheter and urinary tract infections (UTI) and venous thromboembolism (VTE).
- There were 26 falls with harm reported in the same period in community health services for adults, of which 58% (15) were classed as low harm and 42% (11) as moderate or severe harm.
- There were 265 pressure ulcers reported in the same period, by community health services for adults, of which 69% (184) were classed as category 2, 15% (40) classed as category 3 and 16% (41) classed as category 4.
- There were 26 new VTE's, 65 UTI's reported in the same period.

Good

Are services safe?

- Individual neighbourhoods within community services for adults had quality dashboards, which monitored safety information such as healthcare associated infections, avoidable pressure ulcers acquired in the community, information governance as information related to workforce and patient experience feedback.

Incident reporting, learning and improvement

- The trust reported that there were no never events for the period December 2015 and November 2016. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- Between December 2015 and November 2016 community health services for adults reported 628 incidents that were reported via the trust incident reporting system. Of these 94% (589) were classed as either no harm, near miss or low harm to the patient. Thirty eight incidents were classed as moderate, which included 30 pressure ulcers and one pressure ulcer was classed as severe. The most common incidents reported related to pressure ulcers (275), communication (49) and medication errors (43).
- There was a policy for reporting incidents and staff told us they knew how to report them. They were aware of the online reporting tools, policies, procedures and audits. Incidents reported to managers were reviewed at monthly governance meetings and key themes, trends and case studies highlighted.
- An online computer incident reporting system was used; staff told us it was easy to report incidents. Staff were confident in reporting incidents via the intranet and felt able to discuss them with their line managers. They were able to give us examples of a range of reportable incidents such as pressure ulcers, medication errors and falls. However, staff did not access to on-line reporting whilst out in the community but had to return to their neighbourhood office which may have caused delays in reporting incidents.
- Pressure ulcers grade three and above were monitored weekly across the service. There was a process in place to undertake a root cause analysis (RCA) for pressure ulcers classified as an SI (red incident) which were graded as three and above. Staff told us as part of the RCA they would be required to present findings to the panel.

Duty of Candour

- From November 2014, NHS providers were required to comply with the duty of candour (Regulation 20) of the Care Quality Commission (Registration) Regulations 2014. 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 their responsibilities under the duty of candour, which ensured patients and/or their relatives were informed of incidents that affected their care and treatment and they were given an apology and offered support.

Safeguarding

- Staff had access to the trust's safeguarding policy via the trust intranet. Staff were able to identify the potential signs of abuse and the process for raising concerns and making a referral. Between November 2015 and October 2016, 930 safeguarding alerts were raised.
- Safeguarding information, including contact numbers of the trust lead were on notice boards in the staff bases, and staff were aware of how to access this. Safeguarding concerns were also discussed at handover, which ensured all staff were aware of ongoing concerns.
- During home visits which we observed, community nurses gave examples of concerns they had identified and referrals made.
- Safeguarding adults and children and young people was part of the trust's mandatory training programme. The trust target was for 85% of staff to have completed safeguarding adult's level two and safeguarding children and young people level one and two. Records showed that 89% of staff in Lewisham adult community services had completed **s**afeguarding adults and 93% of staff had completed safeguarding children and young people level one and two. Information provided by the trust did not separate out data for the adult's services and children's services.

Medicines

Good

Are services safe?

- The adult community team had two nurses trained as non-medical prescribers and there were a further three nurses being trained.
- Patient group directives (PGDs) were in place so that community nurses could administer influenza vaccines to patients. PDGs are written instructions to help health care staff supply or administer medicines to patients, usually in planned circumstances. Only qualified health care professionals can supply or administer under a PGD.
- The Lewisham integrated medicines optimisation service (LIMOS) supported patients with long term conditions who needed assistance to manage their own medicines and remain as independent as possible. Care plans were developed with patients, staff told us the LIMOS team undertook patient medication reviews and joint visits the community nursing team as required. We observed during home visits medicines audits had been completed and for one patient who had medication that was no longer prescribed; a referral was made to the LIMOS community pharmacist to visit.
- Two registered nurses were needed to check and set up syringe drivers; staff visited in two's and if the patient had complex needs a senior nurse would undertake the visit. In a patient's home we saw that controlled drugs where checked on every visit and two staff signed the balance sheet. Staff told us that they did not carry controlled drugs or return controlled drugs to the pharmacy.
- Safe and Secure Medicines Audits were undertaken in December 2016 and January 2017 across different location that the community team operated from. We saw that action points had been identified with timescale for completion set. The dates of the next audits had been set for 2017/2018.
- Medicines management was part of the trusts mandatory training programme. The trust target was for 85% of staff to have completed medicines management training. Records showed that 54% staff in Lewisham and Greenwich community services had completed the training. This was below the trust target. Information provided by the trust did not separate out data for the adult's services and children's services.
- Staff in the Waldron sexual health clinic monitored the storage of medicines for safety and to ensure both ambient and refrigerated medicines were stored within the safe range of termperatures established by the manufacturers.

Environment and equipment

- Equipment such as beds, pressure mattresses, walking frames, provided to patients for their own use was sourced from an external provider who provided equipment to local authorities and the NHS. The provider was responsible for cleaning, servicing and delivering equipment to patients at home.
- Staff told us they were able to order equipment 24/7 and that the contract with the external provider included a four hour delivery timescale.
- Arrangements were in place for staff to have equipment such as blood pressure sphygmomanometers and pulse oximeters service and calibrated via and external contractor. However staff told us that an equipment log was currently being complied. Staff identified when equipment needed to be serviced by checking the date on the sticker. Equipment decontamination was also the responsibility of the external contractor. We saw that equipment had been serviced within the last 12 months.
- Speech and Language therapists (SALT) told us they had access to a communications budget and were also able to used charitable funds to access patient equipment, for example, an iPad with communication apps.
- Health and safety was part of the trust's mandatory training programme. The trust target was for 85% of staff to have completed health and safety training. Records showed that 94% staff in Lewisham and Greenwich community services had completed the training. Information provided by the trust did not separate out data for the adult's services and children's services.
- The environment at the Waldron sexual health centre was not equipped to meet the requirements of a genitourinary medicine (GUM) level three service. For example, there was no dirty utility room. This meant staff had to decant urine samples over a handwashing sink, which was against national best practice infection control guidance.
- Emergency equipment was available in the Waldron sexual health centre. This included an oxygen and emergency medicine, including atropine and adrenaline. We saw staff documented daily safety checks on these items.

Quality of records

- We looked at 10 care records within community services for adults. The trust used a combination of paper and electronic records. Paper records were held in patients'

homes. The trust was introducing an electronic recording system across all the community services. Some of the staff told us that repeated IT issues had made access to this system difficult.

- Community nursing records held in patient's homes contained details of the patients demographic information, all appropriate risk assessments, screening tools including dementia, care plans, falls histories and contact notes. We saw documentation had been recently reviewed, patients had signed care plans and that verbal consent was noted in patient's records.
- The electronic patient record held the patient referral information. Photographs of, for example, pressure ulcers and wounds were uploaded. Risk assessments, such as waterlow (for assessing the degree of patient's risk of a pressure ulcer), MUST (a nutritional screening tool), the pressure ulcer risk tool, care plans and wound assessments were also on the system. Details of the patient's medicine administration were also held and patient care given was detailed. The date of next visit was also recorded. Teams used the standard care plan within the electronic care record to fit patients' needs.
- The trust audited the patient care records regularly to ensure staff met and maintained standards.
- The nurses had to update their patients' records back at their desk base, which meant records might not be contemporaneous. There was a potential for missed safety risks as duplication of records in paper and electronically was not always taking place as some community nursing teams expressed confusion over duplicating records. Staff recognised the importance of keeping the information up to date on the system and told us that record had to be updated within 24 hours of the patient visit.
- Bank nurses had access to patient's electronic records.
- Information governance was part of the trusts mandatory training programme. The trust target was for 85% of staff to have completed information governance training. Records showed that 70% staff in Lewisham and Greenwich community services had completed the training. This was below the trusts target. Information provided by the trust did not separate out data for the adults services and children's services

Cleanliness, infection control and hygiene

- The community nursing team undertook monthly saving lives infection prevention audits. For the period March 2016 to October 2016 compliance with hand hygiene was 100%, and cleaning and decontamination of equipment was 100%. This included the Waldron Clinic.
- Staff we spoke with demonstrated knowledge and understanding of cleanliness and control of infection.
- Community bases and clinic environments we visited were clean and free from clutter. Hand washing facilities and alcohol hand gel were available throughout the clinic areas.
- In clinics we observed sharps management complied with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. We saw sharps containers were used appropriately and they were dated and signed when brought into use
- Staff adhered to the trust 'bare below the elbows' policy in clinics and patients' homes.
- We observed two staff members taking blood, changing gloves between patients and using wipes to make a 'clean field'.
- We attended home visits and observed staff used techniques to prevent spread of infection including hand-washing and use of personal protective equipment such as gloves and aprons. We observed staff cleaning equipment after used and dispose of single use devices used to take a patient's blood glucose reading and temperature.
- Nursing staff disposed of infected clinical waste in identified bins which were collected from the patient's home.
- Infection control was part of the trusts mandatory training programme. The trust target was for 85% of staff to have completed infection control training. Records showed that 94% staff in Lewisham and Greenwich community services had completed the training. Information provided by the trust did not separate out data for the adult's services and children's services.

Mandatory training

- Completion of mandatory training was monitored and reviewed through electronically held training records which staff and managers could access**.** Staff told us that they received electronic reminders their training was due. Staff were not able to apply for specialist training or undertake bank shifts if their mandatory training was not up to date.

Good

Are services safe?

- Mandatory training covered bullying and harassment, conflict resolution, emergency planning, equality and diversity, fire safety, health and safety, infection control, information governance, medicines management, Mental Capacity Act and consent to examination / treatment, patient manual handling, prevent awareness levels 1 and 2, prevent WRAP level 3, adult and paediatric basic life support, safeguarding adults level 2, and safeguarding children level 2.
- The trust target was for 85% of staff to have completed mandatory training. Records showed that 77% of staff in Lewisham and Greenwich community services had been completed mandatory training. Information provided by the trust did not separate out data for the adult's services and children's services.

Assessing and responding to patient risk

- The inspection team observed comprehensive patient risk and care assessments during home visits with nursing staff. Most community nurses assessed and responded to individual patient risks. There were daily discussions of complex patients and their comprehensive risk assessments, any changing risks, any end of life issues including falls risk assessments.
- Weekly pressure ulcer panels reviewed complex cases where pressure ulcers were attributable to the trust.
- The twilight out of hour's team, were given a handover in the afternoon. Patients were prioritised for visits.
- Adult and paediatric basic life support was part of the trusts mandatory training programme.The trust target was for 85% of staff to have completed fire safety. Records showed that 60% staff in Lewisham and Greenwich community services had completed the training. This was below the trust target. Information provided by the trust did not separate out data for the adults services and children's services.

Staffing levels and caseload

- The vacancy rates across the adult community services were 80.90 whole time equivalents (WTE). The overall vacancy rate was 38%. Within the community nursing teams there were 21.2 WTE vacancies; within the LATT service including the Bromley stroke team there were 29.94 WTE vacancies. The enhanced care and support services which included supported discharge, admission avoidance and intermediate care services were jointly funded and staffed by Lewisham and Greenwich NHS and the London Borough of Lewisham. The enhanced care and support services had 29.8 WTE vacancies.
- Within the community nursing team there was a 40% vacancy rate within band 5 nurses. Senior management told us that they were actively recruiting and were looking to increase the number of band 6 nurses to manage more complex patients, increase the number of band 4 nurse associates and recruit newly qualified district nurses.
- The LATT service had identified recruitment on their issues logs. The service had employed locums to fill post whilst recruiting.
- Bank and agency staff usage across the adult community services between April 2016 and November 2016 was an average of 26%.
- Community nurses caseloads averaged between 250 and 358 patients. Patient facing time was allocated on a unit system; the seven and half hour day was split into 15 minute time slots (units). The lead nurse allocated work using these time frames. For example a band 7 nurse had 15 units per day, a band 6 nurse 18 units, a band 5 nurse 22 units of patient facing time. Community nurses had undertook between 4 and 6 visits per day. Staff told us the system worked well and that if they needed more time on a visit they would do what was needed before they left.
- Contraception and sexual health services were consultant led, with one WTE consultant in post and a 0.6WTE locum consultant supporting the service. This left a shortfall of 0.4WTE consultants. In addition two WTE associate specialists and 3.6WTE specialty doctors delivered medical care. A head of nursing led the nursing team, which consisted of a matron, two advanced nurse practitioners, eight clinical lead nurses, a team of sexual health nurses and five sexual health HCAs.
- The Waldron sexual health clinic was commissioned to provide specialist consultant-led level three genitourinary medicine (GUM) services six days per week, including a Saturday walk-in service. The service had experienced some staff turnover, which meant other sexual health clinical staff sometimes provided GUM services without the necessary training or experience. For example, doctors sometimes had to see walk-in patients who presented with primary or infectious syphilis, which they were not equipped to

treat. Senior clinical staff on the day of our inspection said they were not authorised to book locum or bank staff. A number of staff spoke with us confidentially to raise their concerns about the safety of providing a level three GUM service without appropriately-trained staff. However, we spoke with the senior clinical team who noted that the service was not required by commissioners to run with a consultant on-site at all times and cover was always provided by the team of five consultants who worked at the trust's other NHS acute sites. This meant staff in the Waldron clinic always had access to specialist input and support and enabled the service to run safely. In addition, staff registered to provider level three GUM services demonstrated overall 87% compliance with mandatory training requirements.

- Services in the Waldron sexual health clinic were led by a variety of staff depending on the nature of care and treatment provided. This included nurse-led clinics and clinics led by consultants, associate specialists, specialist doctors, GP trainees and foundation level doctors. A matron and consultant clinical lead had overall responsibility for the service. A 'hub' doctor was available between 10am and 8pm Monday to Friday to provide specialist support for all clinical staff in the community sexual health services. A joint administration/healthcare assistant role had been introduced to the service. The service had 12 non-medical nurse prescribers.

Managing anticipated risks

- Staff contacted patients by phone wherever possible to arrange a first visit, this was so they could assess whether there were any risks to do with the environment and discuss reason for visit. They used the information to prioritise the timeframe for the visit and identify the most appropriate level of staff to visit.
- Staff had a mobile phone to access support whilst out on visits should they need it.
- Staff told us they asked advice of the specialist nursing staff such as tissue viability and diabetes specialists when required.
- The adult services had a standard operating procedure (SOP) in place which set out a procedure for staff to follow at the start and end of shift and lone working to ensure staff safety and support staff working out in the community. Staff were aware of the SOP and used this consistently. Staff told us how they were following the procedure for arranging and carrying out home visits. Staff were able to access shared electronic diaries which gave details of their appointments that had been booked. Staff used a 'buddy' system to report in at the end of the day, or would call into their office. If the lone worker had not made contact or hadn't been contacted then this would be escalated to the duty manager on call.
- Staff in the Waldron sexual health clinic carried out a 'take five' meeting prior to the start of each shift. The team used this to review staffing levels, expected patient activity and to review the outcomes of any incidents or complaints from the day before.
- Back-up systems in the Waldron sexual health clinic did not always ensure continuity of the service. For example, when the electronic patients records system failed on a weekend, staff reverted to a paper-based system as there was no out of hours IT support available. This limited the services that could be offered, including the suspension of sexual health screening services. This was because the laboratory had limited numbers of staff and could only accept anonymised samples, which staff could not provide using the paper back-up system. This meant patients who were symptomatic of a sexually transmitted infection were turned away and either asked to return the next working day or sent to another clinic.

Major incident awareness and training

- The trust had an Emergency Planning and Preparedness Response (EPPR) policy. This covered a number of incidents including major incident or emergency; chemical, biological, radiation, nuclear and explosive (CBRNE) incidents and infectious disease outbreak. It also identified key contact details and a process for staff to follow.
- At local level community nursing teams told us they had systems in place to make sure people got visits despite bad weather. For example; Patients who did not need to be seen would be telephoned to check their health and welfare.
- Emergency planning was part of the trusts mandatory training programme. The trust target was for 85% of staff to have completed major incidents training. Records showed that 85% staff in Lewisham and Greenwich community services had completed the training. Information provided by the trust did not separate out data for the adult's services and children's services.

Good

Are services safe?

- Fire safety was part of the trusts mandatory training programme. The trust target was for 85% of staff to have completed fire safety. Records showed that 46% staff in Lewisham and Greenwich community services had completed the training. This was below the trust target. Information provided by the trust did not separate out data for the adult's services and children's services.

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 effective as good.This was because**:**

- The service had a number of policies and procedures in place which were based on the National Institute for Health and Care Excellence (NICE) or other nationally or internationally recognised guidelines.
- Patients had their pain assessed and monitored depending on their needs. There were processes for obtaining pain relief for patients if required.
- Patients were assessed for their nutrition needs and action plans with referrals to appropriate health care providers were made.
- Staff had received an annual appraisal and had opportunities for their personal development as a result. There were numerous examples of staff being trained and developed, and while some training had been on hold previously, this was no longer the case.
- Staff sought consent before undertaking any care interventions. Records showed evidence that consent was gained for care and treatment.
- Staff were clear about their roles and responsibilities regarding the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Detailed findings

Evidence based care and treatment

- The service had a number of policies and procedures in place which were based on the National Institute for Health and Care Excellence (NICE) or other nationally or internationally recognised guidelines.
- We spoke with specialist teams across the adult community services. These included leg ulcer, bladder and bowel, respiratory, speech and language therapy (SALT) services. These teams used best practice and NICE guidance to inform the care and services offered. For example the respiratory service supported patients at home if they had oxygen to check safety, compliance and blood gases to ensure the oxygen flow rate was accurate. SALT were now attending the movement disorder clinic following an audit of referrals for patients with Parkinson's disease. Referral to SALT were late for patients with swallowing difficulties and NICE had identified that communication can be better supported by earlier intervention from SALT.
- The intranet was available to all staff and contained links to current guidelines, policies and procedures. Senior nurses were included in reviewing updated policies prior to authorisation by the governance committee.
- Staff told us that to keep up to date they used the trust website, and received regular trust bulletins and emails from managers.
- The adult community nursing team had an audit programme in place for 2016/ 2017 that included national and local audits. Examples included chronic obstructive pulmonary disease (COPD) audit, documentation audits and patient experience.

Pain relief

- The service had four community nurses for adults who were non medical prescribers. This meant they could adjust patient's pain medication prescriptions ensuring patients received prompt care when they needed it.
- Community nurses who were not non medical prescibers told us that they would contact the patients GP if pain relief was required.
- We saw examples of pain relief being considered during home visits and observed a home visit with a patient where options for pain relief were discussed with the patient and their family. On another visit we observed a patient was offered palliative support for symptom control.
- Community nurses had been trained to set up syringe drivers for patients who were nearing the end of life and for patients who required a continuous infusion to control their pain. A syringe driver helps reduce symptoms by delivering a steady flow of injected medication continuously under the skin.

Nutrition and hydration

- Patients' nutritional needs were assessed using the Malnutrition Universal Screening Tool (MUST) as recommended by the British Association for Parenteral

and Enteral Nutrition. We reviewed 10 patient records and saw that patients' nutrition and hydration status had been assessed.For those patients who had been identified as nutritionally at risk, care plans were in place.

- During home visits we observed community nurses discuss patients' nutrition and provide advice regarding food supplements such as thickeners. With one patient we observed the community nurse encouraging food first and providing advice to a patient's carer on how they could enhance food with cream and other high calorie nutritious foods.
- The patients who were nutritionally at risk could be referred to dietitians who were able to respond to urgent and routine needs of patients.
- The community speech and language team (SALT) were also available to assess and support patients with any swallowing difficulties.

Patient outcomes

- The adult community nursing team had registered 14 audits to be completed seven of which were due to be completed by September 2016 and seven by March 2017. These included four documentation audits, safe and secure handling of medicines, and COPD. The trust also held a workshop in July 2016 to review the COPD pathway to improve better outcomes for COPD patients.
- The leg ulcer service had been increased following further funding through the Lewisham Clinical Commissioning Group (CCG) to provide a borough wide service. The target was 55% for leg ulcers to heal within 12 weeks and 60% within 24 weeks. For the period April 2016 to November 2016 (year 1) for 44% of venous leg ulcers were healed within 12 weeks, and 61% of leg ulcers were healed within 24 weeks.
- The community adult services monitored the number of nutrition screen assessment were undertaken; the trusts target was for 90% of assessments to have been completed. Over the period November 2015 to October 2016 100% of assessments were completed.
- The community adult services monitored the number of falls risk assessment were undertaken; the trusts target was for 90% of assessments to have been completed. Over the period November 2015 to October 2016 98% of assessments were completed.
- Specific care pathways were in place to refer patients from the Waldron sexual health service for HIV care. For example, staff in the clinic could complete HIV testing and if a result was positive, the patient was referred to the Alexis Clinic at University Hospital Lewisham. This service also provided post-exposure prophylaxis (PEP). PEP is a course of antiretroviral medicine that can prevent a person becoming HIV positive if the course of therapy is started within 24 hours of an exposure risk, such as unprotected sex.

Competent staff

- Staff told us they participated in the appraisals process and that objectives were set as part of their personal development review (PDR) which were reviewed throughout the year. As of August 2016, 56% of staff within community services had completed an appraisal. The appraisal year ran from April 2016 to March 2017. Information provided by the trust did not separate out data for the adult's services and children's services. Managers told us that staff appraisals were prioritised.
- Staff told us that they also had access to regular peer group supervision and supervision with their lead nurse. Staff could also access informal supervision.
- Nurses told us there were opportunities for learning and development and they were encouraged to access further role specific training. Further training would be discussed as part of the PDR. For example; one member of staff had undertaken a one year course in management training and in therapies staff had monthly study days for practice development. Staff told us their mandatory training had to be up to date for eligibility to undertake additional training. Within the community nursing team, three nursing staff were currently being training as non-medical prescribers.
- The trust provided revalidation sessions for nursing staff. Staff told us they had felt supported through their revalidation process and were able to access additional advice if required.
- In the Lewisham adult therapies team (LATT) the physiotherapist and occupational therapist staff had a nine month rotation between the acute hospital and the community. Speech and language therapy staff also rotated between the hospital and the community team. Staff told us that the rotation between the acute hospitals and the community services worked well as staff wanted specialist experience. This had also helped with staff retention.
- In 2015 physiotherapy staff from LATT and staff from the enablement team attended specialist training in self-

management support (SMS) to patients with complex long-term neurological conditions. This was funded though the Health Innovation Network (HIN) and Health Education South London (HESL).

- New staff attended a three day trust corporate induction which also incorporated health and safety and manual handling. Within the community team new staff also had local inductions into their team, which included policies and procedures, shadowing colleagues and observations.
- Some staff in the Waldron sexual health service expressed concern that there was a lack of appropriate clinical competency to deliver specialist services. For example, the clinic provided level three genitourinary medicine (GUM) services. However, there was not always a GUM specialist doctor in the clinic and only a part-time GUM consultant. Instead doctors qualified in sexual and reproductive healthcare provided the GUM service. The clinical supervision group had documented their concerns that this meant the service was unsafe and placed patients at risk. As a result of changes in staffing with appropriate competencies the service was unable to consistently provide some services. For example, patients who attended for an emergency contraception intra-uterine device were turned away if no appropriate member of staff was available. However, this was challenged by other staff who felt their training did meet the needs of patients and felt the clinic provided an "excellent, very comprehensive" service. In addition, we spoke with the senior clinical team who showed us that the service was not commissioned to operate with a GUM consultant on-site at all times it was open. Instead consultants from the service's two acute hospital sites provided cover on an on-call basis whenever the clinic was open. This meant staff had access to clinical support on demand. In addition, GUM training had been provided during three protected teaching sessions in August 2016, October 2016 and December 2016.
- The shortage of specialist staff with microscopy competencies meant some patients did not receive care and treatment in line with national best practice guidance. For example, patients who presented at a walk-in clinic with symptoms including urethral discharge would receive syndromic management, which was not in line with the guidance of the British Association of Sexual Health and HIV (BASHH).
- Nurses we spoke with in the Waldron sexual health service described better access to training and opportunities for development. This included weekly protected teaching and learning time and the opportunity to meet with other trust specialists, particularly the safeguarding team. As part of weekly supported learning, staff had facilitated reflective practice sessions to help them identify good practice and areas for improvement. All clinical staff had training in line with the Faculty of Sexual and Reproductive Health guidelines and doctors were offered the opportunity to complete the intermediate BASHH sexually transmitted infection foundation (STIF) course. We looked at the teaching schedule for protected learning between April 2016 and April 2017 and found staff were offered training in a range of topics appropriate to their patient needs. This included abnormal bleeding, HIV resistance, domestic violence and female genital mutilation referrals.
- Nurse mentors in the Waldron sexual health clinic provided support for student nurses, medical students and family planning students.

Multi-disciplinary working and coordinated care pathways

- Staff worked closely with professionals inside and outside the teams, to support the patients. There were regular multidisciplinary meetings, including social care, to identify best options for care and treatment, particularly for patients with complex needs.
- LATT were co-located with adult social care staff and gave examples of joint working to provide more effective care, for example, joint assessment visits and access to different IT systems.
- The enablement team was jointly funded by health and social care with therapist and health care assistance which provided a 6 week service to patients with up to three visits per day to enable and encourage independence.
- Community nursing and LATT staff described good working relationships with GP's.One nurse gave us an example where they working closely with a GP to support an end of life patient and their family. Community nurses regularly attended GP multidisciplinary meetings. Staff described the meetings as "very useful" as they provided an opportunity to link with social care and health specialists such as tissue viability nurses and diabetes specialist nurse. Staff told

us that they also attend case conferences for more complex patients. Between April 2016 and November 2017 there was an average of 95% community nurse attendance at the meetings.

- The respiratory team worked across the acute hospitals and the community. The respiratory team ran clinics with GP practice nurses for complex breathless patients and also provided a service to COPD patients who have home oxygen. An average of 25 – 30 patients were seen per week. The pulmonary rehabilitation team also delivered a community exercise programme across three locations in Lewisham.
- Staff were able to consult with colleagues and there was a good rapport within the different specialists. For example, specialist nurses were available for staff to consult for advice and support. These included specialists in for example tissue viability, respiratory and leg ulcers.

Referral, transfer, discharge and transition

- The community nursing service referrals were made through a single call centre. Referrals were reviewed against specific criteria and forwarded on to appropriate services. This was to streamline the patient referral process. Staff told us that referrals were also received from community teams, from GPs, other healthcare professionals and self-referrals from patients.
- Patients were referred to the LATT service by their GP, consultant, community nurse, via social services and the hospital. All referrals were prioritised according to urgent/ need. Urgent referrals were seen within a maximum of 72 hours.
- Patients could be referred to the Lewisham intermediate care (LINC) service through the a central point of referral which was accessible 7 days per week from 8am to 8pm by their GP's. The admission avoidance service provided a rapid response to the London Ambulance service, accident and emergency and community based referrals for patients in their own home to prevent admission to hospital to prevent an admission. The LINC service also offered supported discharge which enabled patients to be discharge to their own homes.

Access to information

- LATT and community nursing staff were able to access the electronic patient (RIO) record used by Lewisham community services. LATT had read only access to the local authority electronic system (i-care) but were unable to access the IT system used by GP's (EMIS). Adult social care were able to access the local authority system. Some staff had access to the acute hospital records system for imaging, bloods results and discharge summaries. Community nursing staff also had access to the IT system used by GP's. LATT staff acknowledged that being co-located with adult social care meant that they were able to share information and their expertise.
- Staff had access to national guidance on computers at their bases which could access internet sites. They told us this was invaluable for accessing NICE guidance and other key reference documents.
- Staff had access to an online learning management system and trust policies and protocols via the trust intranet.
- Patient investigation results were accessible electronically, including blood tests and imaging reports.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Mental Capacity Act 2005 (MCA) and consent to examination / treatment training was part of the mandatory training programme. The trust target was for 85% of staff to have completed MCA and consent to examination / treatment training. Records showed that 90% staff in Lewisham community services had completed the training. Information provided by the trust did not separate out data for the adult's services and children's services. Staff we spoke with were aware of the requirements of their responsibilities as set out in the Mental Capacity Act (MCA).
- Staff explained procedures for gaining consent from patients before providing care and treatment. We observed nursing staff gaining verbal consent from patients prior to providing care and treatment. In records held at people's homes we saw that this was recorded each time care or treatment was provided. Verbal consent was also recorded in the progress notes in electronic records.
- Nursing and therapy staff advised that if they had concerns about a patients capacity they would discuss with other clinicians such as their GP, mental health teams or social workers and make a referral for a mental capacity assessment to take place.

Good

Are services caring?

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

Summary

We rated caring as good. This was because**:**

- Patients we spoke with were positive about the staff that provided care and treatment. They told us they had confidence in the staff and the advice they received.
- We observed the way patients were treated, both in the home and in clinic settings. We observed staff using a respectful, compassionate and kind approach; patients gave positive feedback about the care they had received and the manner in which it had been given to them.
- Patients and relatives we spoke with confirmed that they felt involved in their care. Patients told us the staff had explained their treatment options to them, and they were aware of what was happening with their care.
- The friends and family test (FFT) for Lewisham adult community services for the period November 2015 and October 2016 showed that 98% of patients would recommend the service.

Compassionate Care

- Staff provided treatment and care in a kind and compassionate way and treated people with respect. They told us they had confidence in the staff they saw and the advice they received. We spoke with 19 patients and carers. All were very happy with the care they received. One patient commented they were “supported well by the nurse and her team; (name) was caring and kind”. Other Patients told us that staff were “caring”, “friendly and helpful” and “very supportive and they were “very happy with the service received”. One relative told us staff “support (relative), keeping her at home”.
- In clinics we were told that clerical staff assisted patients promptly and were friendly and efficient. However, we did not always observe this to be the case in the Waldron sexual health clinic. For example, we observed one member of the reception team speak in an unfriendly and mocking tone to a patient who had misunderstood the slot system. The patient did not speak fluent English and was demonstrably anxious about being seen. The receptionist did not act with kindness or compassion. We spoke with a senior member of the centre’s team about this who told us non-clinical staff had a structured performance framework and the senior clinical and non-clinical teams were working together to improve the approach of some reception staff. After our inspection we asked the trust for more information on this issue. We saw evidence that on 10 separate occasions in 2016 the non-clinical team had been offered specialist training in communication, mindfulness and patient interaction training. This was in addition to one-to-one support delivered by senior staff.
- We observed staff greeting patients in a friendly, but appropriate manner. One patient told us staff were "very kind”.
- We observed the way patients were treated both in the home and in clinic settings. Staff/patient interactions were always respectful and kind. Staff were informative and gave patients time.
- The friends and family test (FFT) for Lewisham adult community services for the period November 2015 to October 2016 showed that an average of 98% of patients would recommend the service. The trust received 3068 responses for community adult services for the same reporting period. The NHS friends and family test (FFT) helps service providers and commissioners understand whether their patients are happy with the service provided, or where improvements were needed.
- Between March 2016 and March 2017, 10,441 patients completed an FFT questionnaire for community sexual health services. This represented a response rate of 52%. During this period an average of 88% of patients said they would recommend community sexual health services.

Understanding and involvement of patients and those close to them

- We saw staff took time to ensure that patients understood their care and treatment. Patients were involved in their care plans and setting their own targets for what the patient wanted to achieve, ensuring the target was realistic. For example, we saw staff boosting a patient’s confidence, encouraging their mobility and asking them about their new medication.

Good

Are services caring?

- Care and support was non-judgemental and we observed staff talk through peoples' options with them in a clear and open way. Patients told us they were listened too.
- Staff supported patients to manage their own health care and maximise their independence. For example, we observed a nurse talking to a patient and their carer about the importance of nutrition and eating "food first" to increase their calorie intake. We also saw therapists giving patients practical advice to increase their mobility.
- Written information was available to patients about their care and treatment and medical conditions. This could be requested in a different language when required.
- We spoke with a patient at the Waldron sexual health clinic who spoke positively about their involvement in their care. They said, "I specifically come to this clinic because nothing is ever too much trouble. Everybody is really nice and the doctors and nurses always explain what they're doing and why."

Emotional support

- During our visit we observed the community nurses providing emotional support to people and relatives. They spoke calmly, listened to what was said and responded appropriately. Two patients said staff "listened" to what they wanted and staff understood their needs.
- Patients were aware of how to contact the staff between appointments should they require more support or input.

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 responsive as good.This was because:

- Most services were achieving the 18 week referral to treatment targets pathway. There were many examples of teams working responsively and collaboratively to meet their patients' needs and to provide care within the patients' home environment.
- Patient equality and diversity was taken into account, Patient information could be provided in different languages. Staff could access translation services as and when required.
- The service provided a range of specialist therapeutic interventions.
- The service worked closely with commissioners, local authorities, people who used services, primary care services and other local providers to ensure it understood the needs of the population it served in order to plan and deliver services.

Detailed findings

Planning and delivering services which meet people's needs

- The community teams, which included community nursing, LATT and adult social care, offered a range of services dedicated to treating patients needs that included an admission avoidance service and enhanced care pathway.
- The community nursing service was available Monday to Friday between 8.30pm to 5pm, out of hours, at weekends and bank holidays. A range of different services and clinics were provided which included leg ulcer clinics, bladder and bowel clinics, wound care management, end of life care, respiratory and phlebotomy services.
- Lewisham adult therapies team (LATT) services included therapeutic interventions including rehabilitation therapies and intensive home support and was in the process of establishing a falls clinic.
- Lewisham integrated medicines optimisation service (LIMOS) provided a community pharmacy service to patients with long term conditions in their own homes to help patients manage their own medication enabling them to remain at home and
- The service worked closely with commissioners, local authorities, people who used services, primary care services and other local providers to ensure it understood the needs of the population it served in order to plan and deliver services.
- The Waldron sexual health centre provided services to young people who accessed the service on a walk-in basis, including those under the age of 18. This was in addition to two dedicated young people's clinics per week. Staff provided care according a specific pathway and all staff had appropriate child safeguarding training and training in the Fraser guidelines and Gillick competencies. Staff were proactive in a young people's outreach programme in the local community. This enabled school and college students to have a tour of the clinic when it was closed to the public and to meet clinical staff to talk about accessing sexual health services.

Equality and diversity

- The service showed a commitment to ensuring a positive culture relating to equality, diversity and inclusion throughout the organisation. Staff told us that they had opportunities to develop through training and could progress.
- Throughout community services we found that people's diversity needs and human rights were respected. The staff that we spoke with had a good understanding of the population who used the service and were able to explain the specific needs of the people they cared for. The skill mix and cultural representation of staff reflected the client group they worked with.
- Patient information could be provided in different languages. Staff could access translation services as and when required.
- Equality and diversity was part of the mandatory training programme. The trust target was for 85% of staff to have equality and diversity training. Records showed

that 97% staff in Lewisham community services had completed the training. Information provided by the trust did not separate out data for the adult's services and children's services.
- Sexual health services were provided for all sexually active people and the team demonstrated knowledge of the various needs of people based on gender and sexual identity. Significant resources were available for sexually active young people, HIV positive patients and those who had been the victim of female genital mutilation.

Meeting the needs of people in vulnerable circumstances

- We saw patients had their needs assessed. We reviewed ten sets of patient records and saw care plans were in place and risk assessments had been completed which identified the patients care needs.
- Patients had access to a range of advanced nurse practitioners who were known as community matrons. They provided services to patients with complex needs such as chronic obstructive pulmonary disease (COPD), coronary heart disease, diabetes, dementia and multiple sclerosis.
- The community nursing service provided services for patients with learning disabilities and worked closely with another NHS trust. It also supported patients living with mental ill health in the community. The trust had a learning disability liaison nurse who worked mainly in the acute hospitals.
- Staff were aware of the needs of patients living with dementia. One nurse explained how they were supporting a patient with dementia to stay in their own home. They had involved other relevant professionals to help support the family to provide care and support that was needed to stay in their own home. The organisation had a dementia strategy that outlined the adjustments and initiatives staff could use when supporting patients living with dementia.
- During a home visit we observed a community nurse review a patient's care plan following a call out for an ambulance on the previous day. Visits were to be increased to daily to ensure that the patient was taking their medicines correctly.

Access to the right care at the right time

- For the period April 2016 to November 2016 the community nursing team received a total of 7,051 referrals to the service. During the same period the community nursing team undertook a total of 113,951 face to face contacts with patients and a total of 185 contacts were made via telephone.
- Referrals to the community nursing service were prioritised into urgent, non-urgent, and routine. During the period April 2016 to November 2016 100% (2001) of urgent cases were seen within the four hour time frame; 100% (4210) of non-urgent cases were seen within a 48 hour time frame and 92% (5368) of routine referrals were seen within 10 days from receipt of referral. The trusts target for the number of patients seen was 90%.
- During the same period the community nursing team had a total of 1,539 patient appointments cancelled and 3,756 appointments where patients did not attend (DNA).
- The case load held by the community nursing team between April 2016 and November 2016 was 26,755 of which 83% (22,558) were open cases with contact.
- For the period April 2016 to February 2017 the LATT team received a total of 2,850 referrals to the service. During the same period the LATT team undertook 6,792 appointments.
- A 100% of referrals to the LATT team which were prioritised such as patients with swallowing difficulties and 100% of patients were seen within 18 weeks. The trust target for the number of patients to be seen was 95%.
- During the same period the adult LATT team had 1,993 first appointments and 4,753 follow up appointments. The DNA rate was an average of 3.5% which was slightly higher than the trust target of 3%.
- Between June 2016 and November 2016 the community respiratory service received a total of 140 referrals. The number of routine referral seen within four weeks was 69%.
- Between June 2016 and November 2016 the community bladder and bowel service received a total of 91 referrals. The number of routine referral seen within four weeks was 92%.
- Between June 2016 and November 2016 the community lymphoedema clinic received a total of 23 on the waiting list. The average waiting time was 7.85 weeks, the shortest waiting time was 3 weeks and the longest waiting time was 46 weeks. This meant that some patients were not achieving the 18 week referral to treatment targets pathway.

Good

Are services responsive to people's needs?

- Between June 2016 and November 2016 the community leg ulcer service had a total of 44 patients on the waiting list. The average waiting time was 8.35 weeks; the shortest waiting time was 1 week and the longest waiting time was 17 weeks.
- Staff had adapted access to the Waldron Health Centre's sexual health service based on levels of demand and patient feedback. For example, walk-in contraception was available Monday to Friday from 10am to 7pm and on Saturdays from 10am to 2pm. The service alternated between nurse-led and consultant-led clinics depending on the scope of the service on a given day. For example, the complex genitourinary medicine service was consultant-led.
- The sexual health walk-in service was unpredictable in terms of demand and on a Saturday staff said it was common to have 50 patients queuing for the clinic to open. To manage this and ensure that patients did not wait excessive amounts of time in the waiting room, the nurse in charge structured an access system based on risk. This involved a basic triage of the needs of each patient, who was then given a slot later in the day to return. This helped to stagger demand on the service and reduce the risk of the team becoming overwhelmed. We spoke with a patient about this who said they felt it worked well and it had been explained to them.
- There were significant pressures on the Waldron sexual health clinic to be able to meet demand. This resulted from an increase in workload, a relatively high staff turnover rate and an increase in the types of services offered. For example, on one day in the week before our inspection the service received 1000 laboratory test results all at once. The service did not have capacity to process this and they were unable to obtain support from the trust's other sexual health services. To process the results quickly the nurse in charge had to remove clinical staff from the walk-in service, which increased waiting times for patients. The senior team told us this meant patients often waited up to three weeks for their results.

Learning from complaints and concerns

- The trust had a policy for the management of patient complaints which was due to be reviewed in October 2018.
- Information received from the trust showed a total of 17 complaints were received by the adult community services young people in the community between November 2015 and October 2016. Eleven of the complaints were classified as formal complaints.
- The main area of complaint was nursing care 64% (7), communication / information to patients 27% (3) and attitude of staff 9% (1). We saw that the incidents had been investigated and where required action plans had been put in place with the staff concerned.
- The adult community services met the agreed timescale for resolving complaints in 77% of cases. This was below the trust target of 95%. We saw that where this had not been met the trust had negotiated delayed timescales with the patients
- Staff told us that they received very few complaints. When complaints were received staff advised us that they would try to resolve this at a local level. When a complaint was made, it was addressed and where applicable, the learning was shared and used to improve the service. In neighbourhood team bases we saw that thank you cards were displayed in the offices.
- Staff directed patients to the Patient Advice and Liaison Service (PALS) if they were unable to deal with their concerns directly and advised them to make a formal 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 well led as good.This was because:

- Governance structures were in place within adult community services. There were local governance meetings that fed into neighbourhood meetings and Divisional governance meetings.
- Clinical dashboards and performance checkpoint reports were used to monitor of incidents, complaints, risks and performance.
- Risks were identified on the risk register and local risk logs and action was being taken to mitigate the risks. Most staff were aware of what concerns were included on the divisional risk register.
- The vision and strategy for community services for adults was closely aligned to the trusts to wider vision and strategy.
- Staff we spoke with told us that they felt valued and respected; and said there was an open and transparent culture.
- There were opportunities for further learning and development. Staff told us they were motivated and they were able to progress

However:

- The response rate to the staff survey was low at 15%. The staff friends and family test (FFT) for Lewisham adult community services for the period December 2015 to September 2016 showed that 71% of staff would recommend the trust to friends and family as a place to receive care or treatment and 63% of staff would recommend it as a place to work.

Detailed findings

Leadership of this service

- The adult community services and the Lewisham adult therapies team (LATT) was part of the acute and emergency medicines division which was led by the divisional manager for acute and emergency services. The community nursing services were led by the general manager / head of nursing and the LATT team were led by the head of therapies who also had responsibility for the therapy services delivered across the two acute hospital sites (Queen Elizabeth Hospital, University Hospital Lewisham). The Head of Nursing Adult Community Services was supported by two neighbourhood nurse managers, one lead nurse, a nurse consultant, an Integrated Health and Social Care Manger and a Governance and Performance Lead. The Head of Therapies was supported by four lead therapists in the community.
- Sexual health services were part of the trust's sexual health and HIV provision within the women's and sexual health division and were led by a head of nursing in women's and sexual health, a clinical director and a consultant and a service manager. A clinical governance manager, community matron, and two advanced nurse practitioners provided senior nursing cover alongside a consultant clinical lead. This service had recently transitioned from a genitourinary medicine (GUM) service to an integrated sexual health service, which meant it provided a wider range of specialist screening and clinical services including family planning and contraception.
- All staff we spoke with said managers were supportive and approachable; they also had opportunities for personal development. Staff felt respected and valued. However, this was not always reflected in our conversations with staff in the Waldron sexual health clinic. One member of staff said, "I get no support from my line manager. I wonder if they fully understand my role – they don't seem to know what I do. When I need support it's not there." Another member of staff said, "I don't think my manager is interested in what I do. My workload has increased a lot recently and because there are lots of problems here I find myself supporting everyone else too." All of the staff we spoke with were keen to explain support from the matron was always available.
- Senior managers saw their line manager regularly. Staff told us that they felt supported by colleagues and managers. Some of the staff we spoke with had been in post for a number of years.

Good

Are services well-led?

- Staff told us that the director of nursing and members of the executive team visited the staff bases and go out with staff on home visits to patients.

Service vision and strategy

- The vision and strategy for community services for adults was closely aligned to the trust's wider vision and strategy. The services were working towards more integrated working, provision of a range of responsive services closer to patient's home, avoiding inappropriate admission and facilitating early discharge from hospital.
- The adult community services worked closely with the Lewisham Clinical Commissioning Group (CCG) and London Borough of Lewisham in the development and commissioning of services.
- Staff were aware that how they contributed to the trusts broader vision and strategy. Staff told us that their personal development review (PDR) objectives were linked to the trusts objectives.
- Sexual health, HIV and genitourinary medicine services staff had established their own set of values, which were prominently displayed in the Waldron Clinic's sexual health waiting area. This demonstrated the service standards patients could expect and the values staff worked to.

Governance, risk management and quality measurement

- The adult community services had a clear governance structure. Minutes of governance meetings demonstrated that performance, incidents, complaints, and safeguarding were discussed on a monthly basis with action points identified.
- Local teams held regular meetings. We reviewed minutes of the different team meetings and found that topics such as safeguarding, complaints, incidents and overall performance were not regularly discussed.
- Staff understood their role and function within the service and how their performance enabled the adult community services to achieve objectives.
- There was one risk identified on the risk register for the adult community service relating to community estate. Risks had a red, amber or green (RAG) rating, a review date, and there was a named manager responsible for overseeing the risk. For each item on the risk register, there were details of the actions taken to mitigate the risk. Progress was regularly recorded, demonstrating active management of identified risks.
- The community nursing team and Lewisham adult therapies team (LATT) held issues logs. These highlighted the team's individual issues. The issues identified were staffing and mobile working. For each item on the risk log there were details of the actions taken to mitigate the risk. Progress was regularly recorded, demonstrating active management of identified risks.
- Some clinical staff in the Waldron sexual health service reported feeling bullied and pressured to manage patients with complex needs beyond their clinical skills. They highlighted Saturday walk-in clinics as unsafe because there was no hub doctor available and nurses often needed extensive support to deal with complex cases due to the lack of staff trained to GUM level three. We spoke with a doctor who told us, "This is cutting corners. We're pressured into doing things we're not qualified for. We've escalated to the senior managers but they haven't answered. We've asked for meetings and there hasn't been a response." However, another senior member of the team said the negative feelings resulted from the pace of change and that they had received appropriate clinical training, including mindfulness training to help the team cope with the changes.
- A dedicated data analyst worked in the Waldron sexual health service to provide data for Health Choice Integrated Care, which maintained oversight of the service for quality assurance. Although this was a specialist non-clinical role there was limited support available. For example, each of the trust's sexual health services used a different data system and so this individual could not obtain support from colleagues if they were absent.
- There was limited evidence of senior-level support from the trust for community sexual health services. For example, an increase in demand and on-going short staffing meant patients could wait up to three weeks for test results. Although the senior team had escalated this to the trust, they had not received additional resources. However, one member of the team said they felt the changes in the service were positive and having an integrated sexual health service was appropriate for the local population and in line with staff training.

Good

Are services well-led?

Culture within this service

- Staff were proud to work for the trust; they were enthusiastic about the care and services they provided for patients. They described the trust as a good place to work. Some of the staff we spoke with had worked for the trust for many years.
- All staff we spoke with told us that they felt valued and respected.
- Staff's morale within the trust was positive. For example, one staff said they, "Really enjoyed working here".
- Most staff said the trust was "open to new ideas" and staff input was valued.
- Staff said there was an open and transparent culture where people were encouraged and felt comfortable about reporting incidents and where there was learning from mistakes.
- We saw multidisciplinary working which involved patients, relatives, therapists and community nursing staff working together to achieve good outcomes for patients.
- There were opportunities for further learning and development. Staff told us they were motivated and they were able to progress. One nurse told us t they had been a ward manager and they had been seconded to the district nursing programme.
- Patients acknowledged a positive and caring ethos and were happy with their care.
- Some staff in the Waldron sexual health centre described increasingly challenging working conditions. One member of staff said, "Our biggest challenge is staffing. Sickness is high and a lot of people have left. The situation is worsening and I feel that administration staff are becoming frustrated and aggressive with patients as a result. The stress is high level and it never stops. We see increasingly complex patients without enough support." Another member of staff said, "This service has changed a lot but there has been no support. There is so much anger and disappointment, there is huge pressure in becoming an integrated service but people cry every day, the pressure is too much." However other staff we spoke with felt more positive about their role and said they felt proud of the team work and service provided to large numbers of people on a daily basis.

Public engagement

- The trust had various means of engaging with patients which included surveys such as Friends and Family Tests and other surveys undertaken by teams.
- In team bases we visited we saw compliments cards expressing patient's satisfaction with the service.

Staff engagement

- Staff told us that the chief executive officer held open meetings for staff to attend and they felt able to feed into the organisation.
- The staff friends and family test (FFT) for Lewisham adult community services for the period December 2015 to September 2016 showed that 71% of staff would recommend the trust to friends and family as a place to receive care or treatment and 63% of staff would recommend as a place to work. The response rate to the staff survey was low at 15%.
- The trust had procedures in place for staff to raise 'whistleblowing' concerns outside of their line management arrangements.
- Trust regularly sent staff a newsletter. Staff were encouraged to look at the trusts intranet.
- Some staff in the Waldron sexual health service described problematic and challenging relationships with senior teams. One doctor said, "There is very poor communication between senior managers and front line staff." In addition, staff felt a decision to continue to provide a post-exposure prohlyaxis (PEP) service had taken place without consultation, which meant staff felt unprepared to deliver this. A clinical supervision group had raised these issues with the senior leadership team in March 2017 and were awaiting a response at the time of our inspection. We spoke with a doctor about this. They said, "I haven't been trained to administer PEP and I don't feel comfortable doing so but I am forced to do so." Another member of staff said, "The attitude of the senior team is very much you will get this done, no matter what pressure you are under. There is no transparency about what is happening in the clinic."
- We spoke with a senior member of the team about this who said they felt support from the matron and consultants was readily available and effective. They told us, "The support from consultants at the Trafalgar Clinic is fantastic. They train us well and share their skills and expertise.

Innovation, improvement and sustainability

Good

Are services well-led?

- The adult community services had redesigned services such as the leg ulcer service and twilight services and there were plans for further integration between health and social care to ensure a seamless service for patients.
- There was a commitment to continuous improvement and developing a culture of learning and driving improvement through the use of training and sharing information, skills and expertise. Staff said they were encouraged to develop new ideas and to share ideas with the teams and managers.