

## Northern Lincolnshire and Goole NHS Foundation Trust

RJL

# 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)
RJL32	Scunthorpe General Hospital		
RJLX1	Community Equipment Store		

This report describes our judgement of the quality of care provided within this core service by Northern Lincolnshire and Goole NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Northern Lincolnshire and Goole NHS Foundation Trust and these are brought together to inform our overall judgement of Northern Lincolnshire and Goole NHS Foundation Trust

# Summary of findings

## Ratings

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

# Summary of findings

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# Summary of findings

## Overall summary

### Overall rating for this core service: Requires Improvement

We found community health services for adults to be 'requires improvement' overall. Effective, caring, and responsive were rated as 'good'. Safe and well-led were rated as 'requires improvement'.

The service prioritised protecting patients from avoidable harm and abuse. Incident reporting was good but there was a lack of evidence from operational staff that lessons learned and changes to practice were shared and implemented.

All areas we visited were visibly clean and well maintained however; cleaning schedules were incomplete in most areas we visited. We found limited evidence in relation to the electrical 'PAT' testing and servicing of some medical devices and equipment used when treating patients. We requested specific evidence from the trust but this was not provided. This included the servicing details for electric patient plinths and other fixed equipment at the Ironstone centre. We also requested a copy of the policy for the washer disinfectant at the Ironstone centre because the one we saw was due to be reviewed in 2007, again this was not provided.

Medicines management in relation to controlled drugs was of concern. Community nurses were not aware of any policies in relation to the management of controlled drugs and when requested the trust failed to provide evidence that policies were in place to protect patients and staff.

Paper-based record keeping was variable between services with some staff groups not complying with the recommended minimum standards set by their registered body. We found better compliance with electronic records.

Mandatory training compliance was variable between services. Some teams displayed 100% compliance whilst for others compliance was low, for example, 33% for resuscitation training which was well below the trust target.

Business continuity plans were available for all services and staff were aware of these. Major incident training was provided by the trust for community service staff.

Staff were able to access information on the trust intranet and used guidelines to maintain and refresh their practice skills. There was little evidence that community services contributed to local or national audit, other than a record keeping audit that we saw and the national stroke audit. We asked the trust for evidence of community service audits but did not receive any data to show that local and national audit or benchmarking was completed other than those mentioned. Staff were not aware of any action plans or learning as a result of these audits. However, we saw that an action plan had been created following the record keeping audit.

We saw a variety of patient information leaflets provided by the trust, which explained patient conditions and after care arrangements in all areas that we visited. Patients gave good feedback about the care and treatment they received from staff. We observed staff treating patients with dignity, respect and compassion during our inspection.

Staff were not able to describe any overarching vision or strategy for community services. Some teams shared with us the visions they had for their own services but a senior member of staff told us that they received little or no feedback from the senior team for example when business cases, to support new initiatives, were submitted. Information provided by the trust post-inspection, showed that there had been a recent consultation programme outlining the rationale and service changes that were planned. This had included roadshows for staff being held. Staff we spoke with told us that they were aware that services were being reconfigured.

There appeared to be a disconnect between acute and community services. Some senior staff reiterated this; a matron told us that she felt the community voice had not been heard but that she was championing the services to ensure that this improved. Staff told us that their immediate managers were supportive and visible but that they did not see the higher management team very often. The management structure for community services had been recently reconfigured with the new structure due to come in place on 1st November 2015. Staff we spoke with knew about the changes that were taking place. There was a risk register for the services. Managers

# Summary of findings

were aware of the risks however, there was no evidence to indicate that any action was being taken at trust level

to mitigate or resolve the risks. There was a clear governance structure however; the governance processes and feedback were not embedded within the community service teams.

# Summary of findings

## Background to the service

### Information about the service

Northern Lincolnshire and Goole NHS Foundation Trust provides acute hospital and community services to a population of more than 350,000 people.

CQC carried out a comprehensive inspection in 2014 of the acute hospital services. Overall, we rated the trust as requires improvement, although CQC rated it as good in terms of having caring staff. Community services were not inspected at that time.

The Community and Therapy Group was established within the Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) as part of “Fit for the Future” consultation in April 2011. The Community and Therapy group have a budget value of approximately £27 million with 658 whole time equivalent staff across medical, nursing, allied health professionals, support staff, administration and clerical staff.

Adult Community and Therapy Services included the following:

- Community nursing services or integrated care teams, including district nursing, community matrons and specialist nursing services
- Community therapy service
- Community intermediate car
- Community rehabilitation service
- Community outpatient services.

During our inspection, we spoke to thirty-seven members of staff. This included:

- Nurses at a community nurse base
- Specialist nurses at the chronic wound and dermatology clinics
- Allied health professionals such as podiatrists, physiotherapists, and occupational therapists from the general and stroke rehabilitation services.
- Staff working in the community equipment store
- Nursing and therapy staff working in an intermediate care facility.

We reviewed paper and electronic records of 20 patients. We also spoke with or witnessed the care or staff interactions with eleven patients.

## Our inspection team

Our inspection team was led by:

**Chair:** Jan Filochowski, Clinical and Professional Adviser, Care Quality Commission; retired CEO of Great Ormond Street hospital.

**Team Leader:** Amanda Stanford, Head of Hospital Inspection, Care Quality Commission.

The team included CQC inspectors and inspection managers, and a variety of specialists: Senior nurses, doctors, allied health professionals, community matrons, a safeguarding nurse, a pharmacist and an Expert by Experience who had been a carer of someone using services.

## Why we carried out this inspection

We inspected this core service as part of our comprehensive acute and community health services inspection programme.

# 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 held about the service and asked other organisations to share what they knew. We analysed both trust-wide and

service specific information provided by the organisation and information that we requested to inform our decisions about whether the services were safe, effective, caring, responsive and well led. We carried out an announced visit from 13 to 15 October 2015

We observed how people were being cared for and talked with a patient and family members who shared their views and experiences of care in the community. We reviewed care and treatment records of people who use services.

## What people who use the provider say

Patients and relatives we spoke with were positive about the care they received.

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand

whether their patients are happy with the service provided, or where improvements are needed. There was no specific data for friends and family tests specifically for the community.

## Areas for improvement

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

An action that a provider of a service **MUST** take relates to a breach of a regulation that is the subject of regulatory action by the Care Quality Commission. Actions that we say providers **SHOULD** take relate to improvements where there is no breach of a regulation.

### Action the trust **MUST** take to improve

- The trust must ensure that all community equipment is tested for electrical safety and evidence is available to show that equipment is serviced in line with manufacturers recommendations.
- The trust must ensure that all substances which could be harmful are stored appropriately, specifically within the Ironstone centre.
- The trust must ensure that procedures for managing controlled drugs in patients' homes are standardised and all staff follow guidelines for the safe management and documentation in relation to controlled drugs.

- The trust must ensure that record keeping meets all appropriate registered body standards.

### Action the trust **SHOULD** take to improve

- The trust should ensure that more robust evidence is available to show that sharing of lessons learned from incidents/ never events/ safety thermometer outcomes/ audits/ action plans (communication in general) are shared across teams.
- The trust should ensure that robust processes are in place for sharing lessons learned from complaints within community services.
- The trust must ensure that community equipment and environments are cleaned in line with cleaning schedules.
- The trust should ensure that all identified risks for the services are held on the risk register.
- The trust should ensure that community teams are engaged in developing the vision and strategy for their team(s).

## Northern Lincolnshire and Goole NHS Foundation 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 as 'requires improvement' because:

- We did not see robust evidence that the equipment staff used when caring for patients was tested for electrical safety or that equipment was serviced in line with manufacturer's guidelines.
- We also saw a policy relating to the use of equipment that was out of date.
- Although the areas we visited were visibly clean, the cleaning schedules were not fully completed and cleaning of equipment was not consistent across all areas.
- Medicine management in relation to controlled drugs was of concern. Staff we spoke with used different methods when disposing of controlled drugs that were no longer required by a patient. When asked the trust failed to provide evidence that policies were in place to protect patients and staff. We also found medications and hazardous substances in unlocked cupboards at a clinic location.
- There had been a shortage of registered community nurses for two years. This had led to increased reporting of missed visits, medication errors and staff stress. The October 2015 vacancy position across community registered nursing had improved and was at 4.2%.
- Harm free care in four of the five community nursing teams was worse than the England average of 95% in August, September or October 2015. In one team it was 87%, 8% lower than the England average.
- Mandatory training compliance was variable with one service only achieving 33% compliance for resuscitation training. This was not identified as a risk and we did not see any plans in place to address this.
- Staff knew their responsibilities and their role in reporting incidents to make sure they made improvements when things went wrong. We found that reported incidents were investigated however, there was limited evidence from operational staff and team meetings of any lessons learned being shared within teams.



# Are services safe?

- There was also limited evidence that key learning was shared with the wider teams. There was also concerns within some teams that record keeping was not in line with their registered bodies' guidelines.

However, we also found:

- Staff understood the process for safeguarding vulnerable adults and knew when to raise a concern. The trust had policies and procedures in place to protect patients, relatives and staff from abuse.
- Staff knew about plans to reduce the effects of anticipated risks such as severe winter weather or major incidents.

## Detailed findings

### Safety performance

- The Commissioning for Quality and Innovation (CQUINs) payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare.
- The NHS Safety Thermometer, an element of CQUIN, is an audit tool that allows organisations to measure and report patient harm in four key areas (pressure ulcers, urine infection in patients with catheters, falls and venous thromboembolism (VTE)) and the proportion of patients who are "harm free". The 2014/2015 CQUIN scheme rewarded submission of data generated from use of the NHS Safety Thermometer. The England average for harm free care is 95%.
- We spoke to staff from community nursing teams and they were aware of the safety thermometer. We saw this information displayed at the community nursing base that we visited.
- A community nurse patch team leader told us that each community nurse collated safety thermometer data on a specified date each month. An administrator inputted this centrally and matron and the managers reviewed it to identify any trends and investigate any concerns where safe care was less than 95%. A manager told us that she discussed safety thermometer data at team meetings.
- Between October 2014 and May 2015 harm free care within the community teams was 95% or above every month other than April 2015 when it fell to 94%. More recent data provided by the trust for August, September

and October 2015, showed varying levels of harm free care. Cluster 1 team performed best with 100% for two of the months and cluster 2 was the worst with a score of 87% in September 2015.

- We saw safety thermometer data in three of twelve sets of minutes we saw. This would indicate that this data was not shared at team meetings throughout the community nursing teams. However, information was displayed at a community nursing base that we visited and staff at this base were aware.

### Incident reporting, learning and improvement

- The trust supplied information that indicated that Northern Lincolnshire and Goole NHS Foundation Trust was a high reporting trust.
- The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports. This trust reported more NRLS incidents per 100 admissions than the England average.
- 10,386 incidents were reported to NRLS between 1st September 2014 and 31st August 2015 of which 679 related to community services. Most incidents recorded were low harm. The highest number of incidents recorded was in February 2015.
- The trust reported sixty-six serious incidents between August 2014 and July 2015. 27 of these were pressure ulcers and eight were unexpected deaths.
- Community services reported twenty-one serious incidents. The majority of these (fifteen) were pressure ulcer incidents.
- We saw minutes of meetings where mortality and morbidity was discussed.
- A community nurse patch team leader told us that she was made aware of never events and other serious incidents that had occurred elsewhere in the trust through the senior nurse forum. Feedback to staff about these and local incidents was through team meetings as well as via news bulletins and e-mail.
- Managers from the community clinics, therapy and nursing teams told us that staff reported incidents using the electronic incident reporting system. Managers then reviewed, graded and investigated the incidents.
- Staff working in the chronic wound team told us that feedback about local incidents was through team meetings and serious incidents were shared trust wide by e-mail and news bulletins.



# Are services safe?

- Staff we spoke with told us that they report all pressure damage including category one damage. We were told by team leaders that they complete root cause analysis for all category 3 and 4 pressure damage.
- We spoke to three nurses who appeared to have limited knowledge of the purpose of risk assessments. These staff were not aware of a trust risk management policy. These staff said that incident reporting was minimal. One nurse told us that they were not able to operate the incident reporting system.
- One clerical member of staff told us that they had worked for the trust for twelve years and had never submitted an incident report or asked anyone to submit one on their behalf although they stated that they had been subject to verbal abuse by service users. This member of staff said that they did not attend team meetings so they were unaware of incidents or developments within the service.
- A nurse told us about an incident that had occurred within the chronic wound team. A patient was given incorrect information about the dressings they required. A senior member of staff told us that they had addressed and rectified the incident. This was a near miss. The service lead told us that this incident had not been reported
- We saw completed copies of a 'scalpel blade non removal form', which were in use in the decontamination room at the Ironstone centre. Staff told us that they completed the forms when podiatrists failed to remove disposable blades from scalpel handles before they sent them for decontamination. The decontamination staff told us that they report any findings back to the relevant podiatrist. We did not see these incidents reported through the incident reporting system and there was no written procedure to support staff.
- Staff working in the community stroke team knew how to report incidents. These staff told us about two recent safeguarding incidents that staff working within the service had identified and reported.
- We saw the minutes of a community nursing team meeting. These showed that there had been a discussion about incidents, such as pressure damage and medication errors. The changes to practice that had occurred because of two medication errors were also evident within the minutes. This meant that staff in this team were made aware of incidents and that learning was shared.
- Following our inspection, we looked at 19 other sets of team meeting minutes from various teams from community services and three sets of minutes from the services clinical governance meetings. We found that only two sets of minutes showed that local or trust wide incidents were shared with staff.
- We saw one extraordinary meeting, which had taken place to share the learning from a root cause analysis.
- We saw that incidents were discussed in the minutes from the community and therapy services clinical governance meetings in July, August and September 2015.
- In November 2014 the duty of candour statutory requirement was introduced and applied to all NHS trusts. The trust had a policy in place relating to the new requirement and provided evidence of communication with staff in the form of a staff bulletin in August 2015 and they had also used the intranet screen saver to promote the requirements.
- The manager of the community and therapies team, the wheelchair service staff, a band 5 physiotherapist, the stroke therapists and a community nurse patch team leader were all able to describe their responsibilities in relation to the Duty of Candour.

## Safeguarding

- The executive board lead for safeguarding in the trust was the chief nurse. The trust's strategic operational lead was the head of safeguarding. This role covered both children and adult safeguarding.
- The manager of the community and therapists told us about two recent safeguarding alerts that the service had raised and been involved with. Data received from the trust suggested that overall 98% of staff working in community services had completed adult safeguarding. Most teams had achieved 100% compliance. The lowest level of compliance was 92%. This meant that most staff had training to enable them to recognise and respond to safeguarding concerns.
- Staff also completed children's safeguarding training. Compliance with this was 91% for level 2 training and 93% for level 1 training.
- Most staff we spoke with told us that they completed safeguarding training as part of their mandatory training.
- A community nurse manager told us that staff escalated safeguarding concerns. The trust safeguarding team also provided support.



# Are services safe?

- We spoke to a deputy manager of one team who had difficulty explaining safeguarding and told us that this was a concern that was external to the trust. This would indicate that not all staff are able to recognise when service users may need to be protected against abuse however, a member of clerical staff was able to explain the safeguarding procedure.
- A registered nurse said that she was not confident in following a safeguarding procedure despite completing mandatory training. This could lead to a delay in a safeguarding referral being made.
- A health care assistant in the chronic wound clinic was able to tell us about her responsibilities in relation to the safeguarding process.
- A band 5 physiotherapist was able describe her responsibilities in relation to safeguarding of patients in her care.
- The community stroke team told us about an incident that involved restraint of a patient within a care home. They told us that they had sought advice from the safeguarding team at the acute trust and submitted a safeguarding referral to the local authority.

## Medicines

- Pharmacy staff at the trust told us that the safer medicines group reviewed all medication incidents and we saw a report which showed details of incidents across all services.
- Two trust wide medicines management nurses disseminated the learning from incidents. Community reports were also included in this, and there was fifteen hours per month of pharmacist support to community nurse prescribers.
- The department of health 'Controlled Drugs (Supervision of management and use) Regulations 2013 states that 'The 2006 Regulations specified that Controlled Drugs Accountable Officers (CDAOs) must have procedures in place concerning the destruction of controlled drugs. This is no longer a separate mandatory requirement. It is expected that organisations whose use of controlled drugs (CD) involves their disposal will wish to ensure they have in place adequate procedures covering this activity and that relevant staff receive the information and training.
- We spoke to three staff in one of the community nursing teams who were not aware of a policy or procedure for

the disposal of controlled drugs in patients own homes. However from the patient records we looked at, we saw that nurses within community settings were disposing of controlled drugs.

- Each of the staff we spoke to used a different method when disposing of drugs that were no longer required by a patient. This meant that staff were not following consistent processes.
- We found that one member of staff had documented that controlled drugs had been disposed of in the patient's record however there was no second signature, date, time, method of disposal, NMC PIN number or printed name.
- We found a second entry with a secondary signature. A community nurse said that this would have been a family member.
- The third member of staff told us that they would advise the family to return the medications to a chemist.
- We looked at the trust's policies and were unable to find any information about dealing with controlled drugs in the patient's own home. We requested this information from the trust but it was not received.
- We saw one medication chart, which appeared to indicate that controlled drugs were missing. A band 6 nurse explained that this issue had occurred in the past and actions to mitigate the risk were in place and communicated to staff. After the discussion with this member of staff we were satisfied that, although the chart was not completed correctly, the drugs could be accounted for.
- A second medication chart appeared to indicate that a controlled drug, given via an infusion pump, was administered over twenty-two hours rather than the prescribed twenty-four hours. A senior nurse told us that staff would have changed the infusion earlier than required. Staff would plan this when they had more capacity and less routine visits or during the community nurses usual working hours if the infusion was initially given out of normal working hours, however there was nothing documented in the care record to evidence this.
- In the records we looked at there was no evidence of disposal of part doses of controlled medications. For example if the medication prescribed was a 5mg ampoule but the patient needed 2.5mg, there was nothing to indicate that any medication was wasted or disposed of. Again, we could not find any policies or procedures to support staff with this.



# Are services safe?

- Controlled drugs prescribed for another patient had not been documented in their care record and there was no record of destruction in the care record.
- Community nurses were able to access medications out of hours through duty chemists. Lists of opening times were available for staff.
- Community nursing staff did not carry medications however, staff did carry dressings and sharps waste receptacles.

## Environment & equipment

- The community services teams worked out of a number of locations across the trust. During our inspection we visited the following locations;

### Scunthorpe General Hospital (SGH) Therapy Department

- This was within an older part of the hospital and appeared well maintained. There was a gym, a treatment room and a hand therapy room as well as various other consulting rooms and offices.
- We saw information displayed in the department relating to the safe use and routine checks that staff should undertake in relation to lifting equipment.
- We found five electrical items, two kettles, a toaster, a microwave and a fridge, in the therapies staff room, which were out of date for PAT testing.
- We found seven fire notices between Butterwick House and B floor that had the evacuation area stated as 'adjacent safe area' however, there was nothing to identify where the safe area was located. This meant that in the event of a fire members of the public or ambulant patients would not know where the evacuation area as it only stated "Adjacent safe area" on the notice.
- In the lift area adjacent to the therapy department, we found a fire action notice, which was not completed. Therefore, this did not identify the emergency telephone number, the fire exit or an assembly point. We raised these issues immediately with a senior nurse.

### Community Equipment Store

- Technicians at the equipment store maintained the general items held within the stores and were available to support the wheelchair therapists.
- Staff told us that equipment provision was generally good from the trust equipment store and processes were available for obtaining equipment out of hours.

- We saw evidence of asset registers for all equipment in the store and protocols for the ordering of new equipment, monitoring of order status and receipt of equipment.
- Staff told us that the store had a return rate of 74-85%. Processes were in place to arrange return and collection of equipment that patients no longer needed.
- Each year a full stock audit for all equipment took place. Electronic equipment was bar coded and audited monthly.

### Ironstone Clinic

- This was a purpose built health clinic. Many clinics took place here and the building housed other services such as GP practices.
- Podiatry, chronic wound, wheelchairs services and dermatology clinics were taking place during our inspection..
- Each of the clinic rooms that we saw had equipment in place for the services provided, for example specialist electrical chairs were in place in all rooms where podiatry and chronic wound management clinics took place.
- We found the domestic cupboard to be unlocked during our inspection. This cupboard contained cleaning products and equipment such as mops and buckets. In addition, other equipment was also stored in this room including patient weighing scales, medical equipment and photocopy paper. There were two fans in the room both had expired PAT test stickers.
- We inspected the podiatry lab. This room was also unlocked. Two staff confirmed that the room was unlocked when they were in the building. A band saw in the lab was broken. The PAT test date for this piece of equipment had expired in 2013. The service lead said that this was not used but no arrangements had been made for the equipment to be removed. This meant that patients might have injured themselves on the blade of the saw if they entered the lab.
- In the podiatry laboratory, there was also an unlocked cupboard, containing highly flammable products, such as glue. This cupboard was open. We highlighted to the service manager at the time of our inspection.
- A third storeroom was also unlocked. Our inspection team entered this room, unwitnessed, three times. This room contained prescription only dressings, lotions and creams for example dermol 500, hibiwash and naseptin



# Are services safe?

ointment. Naseptin ointment is a prescription only medication and should therefore be stored in a locked medication cupboard. Actichlor plus tablets were also stored in this room along with stitch cutters. Again, we highlighted to staff that this room should be locked.

- There were decontamination rooms within the community services clinic. There was a clean and dirty room. These rooms did not have extraction or ventilation. The room was very warm but temperature recordings were not completed. Senior staff had supplied a fan but staff told us that this was not used when they were packing equipment. The PAT test due date for the fan was 17/06/15.
- We found silver nitrate applicators and air freshener spray in an unlocked cupboard in one of the podiatry treatment rooms. These substances should be stored in a locked cupboard.
- Staff in the chronic wound clinic told us that the trust replaced equipment when required but that external companies were slow to respond to issues pertaining to the building.
- We could not find any evidence of up to date service or PAT testing on static equipment such as plinths and other electrical items used within the chronic wound clinic and podiatry service. The manager of the chronic wound service showed us one piece of portable equipment, which was in date for service. It was explained that portable items were monitored by staff and sent for yearly maintenance and servicing.
- We discussed these findings with the manager of the chronic wound service and asked that this was raised immediately with the senior management team.
- We requested service and PAT test data for equipment at the Ironstone centre. We received information pertaining to PAT testing and servicing of the autoclaves, the washer disinfector and saws and drills, which showed that servicing had taken place on all items within the last year. The trust did not provide information about the electric plinths, fans and other medical devices within the clinical and store rooms.

## Community Nursing

- Community nurses carried equipment within their cars. Staff did not routinely have their car boots audited but a patch team leader we spoke with told us that they did spot checks when they accompanied staff on visits. We did not see any documented evidence of this.

- Community nursing staff did not carry medications however, staff did carry dressings and sharps waste receptacles.
- A community base at a purpose built intermediate care unit run by North Lincolnshire local authority was used by community staff and they also provided some nursing and therapy care to patients within the unit. The base looked well maintained and everywhere appeared visibly clean.
- Community stroke therapy team staff told us that hoists and other equipment with moving parts in patients' homes were safety checked each year. This included a weight bearing load check for hoists. Walking aids such as walking sticks and Zimmer frames did not have checks unless a patient reported any problems with their equipment. Therapists said that they checked equipment used by patients.

## Cleanliness, infection control and hygiene

### Scunthorpe General Hospital (SGH) Therapy Department

- Community therapists provided services in SGH. We looked at the patient environment on B floor and found that the unit appeared visibly clean.
- Hand gel was available on the corridors of the unit. Staff were bare below the elbow.
- Staff told us that the matrons completed bi-monthly environmental audits and the infection prevention and control (IPC) team and delegated staff who worked as infection control link staff also completed environmental audits. We did not see these displayed.
- Equipment returned by patients following their treatment was placed in a separate store. This meant that clean and dirty equipment was stored separately.
- We saw cleaning responsibilities and minimum frequencies displayed.
- There was a cleaning schedule displayed in the gym area. This showed that the gym had been cleaned each day from 5 to the 9 of October and on 12 and 13 October. Our inspection took place at 15:00 on 14 October 2015. There were seven gaps for October 2015. Four of these gaps related to weekends when the department was not open. There were three gaps for times when the department was open that would indicate that cleaning had not taken place daily.
- There were disposable curtains in use in the gym. These had labels, which showed that new curtains were put in place in August and September 2015.



# Are services safe?

- There was no information to indicate when equipment within the gym was cleaned. There were no stickers or tape attached to any items. There was another store in the gym for clean equipment. Some items had clean stickers in place however; some of these were dated 18 September 2015. This would indicate that these items had not been cleaned for four weeks. Many other items were not labelled therefore there was no evidence of when these had last been cleaned.

## Ironstone Centre

- Personal protective equipment (PPE) such as gloves and aprons and alcohol hand gels were available in the unit. We saw that staff were bare below the elbow, completing hand hygiene and using PPE when delivering care. Hand hygiene posters were on display on notice boards within the department.
- We spoke to a member of staff working in the Ironstone Centre who told us that she was the IPC link for the chronic wound team.
- This member of staff told us that an external cleaning company was responsible for the domestic cleaning within the building. Staff told us that any concerns with the standard of cleaning would be raised with the company.
- We sat in during a podiatry consultation and noted that infection prevention and control procedures were followed including the use of PPE and bare below the elbow.
- We saw cleaner's schedules displayed on a notice board. The areas inspected were visibly clean.
- Information displayed on a notice board showed that the infection control audits results for the podiatry department ranged from 84% in January 2015 to 97% in March and April 2015. The latest information was for June 2015 when the score was 90.5%.
- The daily cleaning schedule displayed in the podiatry lab was signed as completed on 24 and 28 September and 5 and 6 October. This meant that the lab was not cleaned daily as recommended.
- In one of the two rooms used by the podiatrists for patient consultations the cleaning schedule had been completed on 10 and 17 July 2015, 4,5, 23,25 and 26 August 2015 and 10 and 18 September 2015. There was no information for October 2015.
- A maintenance schedule showed that quarterly and yearly servicing was completed for the two autoclaves in the clean room of the decontamination area.

- In the dirty room of the decontamination area, we saw a washer/disinfection policy was written in May 2005. This had a review date of 2007.
- We saw a copy of the decontamination facility at ISC (Ironstone Centre) audit, which was, dated 2014. Within this, it referred to the out of date policy and a further action within the audit identified a requirement for written standard duties to be completed. This was incomplete and staff we spoke to did not know if there were any written standards.
- There were two quarterly test logs, which were incomplete. One sheet had a test date of June 2015, this was crossed out and September 2015 had been hand written. This was signed and dated as 6 October 2015. There was no printed name so it was not possible to identify who had completed this sheet. The sheet also stated 'dental'. The second sheet was fully completed. On this sheet, the test date was 17 September 2015 and the date completed was 6 October 2015. This would indicate that the equipment maintenance was not in line with recommendations.
- We requested a copy of the policy but this was not sent by the trust. We were sent copies of the test logs. These were different to the logs we had seen on site.
- There were no documented procedures for cleaning of equipment in the decontamination rooms.
- There was a daily environmental cleaning schedule for this area, which was completed daily. Staff working in this area told us that they cleaned the rooms twice a day.
- Staff told us that they cleaned medical devices between patients and we saw them doing this.

## Community Nurses

- A patch team leader told us that community nurses performed peer audits and self-assessment in relation to hand hygiene, aseptic non-touch technique and catheterisation. This member of staff said that she thought that the validity of self-assessment was questionable but was satisfied that compliance was good due to low numbers of wound infections and catheter induced urinary tract infections in the service.

## Community equipment store

- We visited the community equipment store and looked at the processes for cleaning and decontamination of equipment.

# Are services safe?

- We found that returned equipment came in to a dedicated area. All items were cleaned, decontaminated and labelled.
- They were then maintenance checked and serviced before going back into stock.
- Evidence of equipment manuals and the cleaning and decontamination instructions for each piece of equipment were available.

## Quality of records

- We saw a trust wide record-keeping audit for community service teams. Records were audited against ten compliance measures. Compliance rates varied for example;
- There was 100% compliance for accessibility of records;
- 47% compliance for records of unqualified staff whose entries were countersigned;
- Only 25% of records evidenced that errors and blank spaces were scored through with a single line and were initialled, dated, timed and signed;
- 40% of records did not show assessment of allergies, previous reactions or sensitivities.
- Compliance was rated as red, amber or green against all measures. Overall, across all teams, 40% of records were rated as amber or red this meant that only 60% of records were in line with registered bodies' recommendations, for example, NMC record keeping guidance for nurses.
- A community nurse patch team leader told us that two sets of records from each cluster were audited each month.
- We looked at electronic treatment records for three patients attending the chronic wound clinic and found that in all cases these were fully completed.
- A senior member of staff told us that risk assessments were completed for all patients attending for physiotherapy and that this was documented at each consultation. We were told that at each appointment the member of staff treating the patient should document 'R.A. done as per protocol'. We looked at five sets of records completed by community physiotherapists and found the following
- Set 1. There was no ethnicity, next of kin or referral date documented. There was no pain score recorded. There was no evidence that the standard risk assessments were completed. The patient agreed goals section was incomplete. The diagnosis was recorded, this was a

hamstring injury, which should be graded, however, there was no grading recorded. There was no quantifiable evidence of improvement such as a pain score or percentage improvement.

- Set 2. Risk assessments were incomplete. The referral date was not completed. There was no evidence of the patient's consent at each consultation. There were no quantifiable improvements documented.
- Set 3. These notes did not contain the patients NHS number or the date of referral. The date and time of treatment was not documented for each episode of care. The member of staff treating had documented only their first name on the care record. There was no next of kin or ethnicity documented. There were no identified goals. The site of injury was not identified as left or right. The frequency of advised exercises was not evident. Consent and 'RA as per protocol' was documented.
- Set 4. This record did not have any referral date documented. The patients ethnicity, religion and next of kin were not completed. Again, the site of injury and details of ligaments tested were not stated. Pain assessment details were unclear in that these were not identified on the pain chart and did not include any descriptors such as depth or frequency of the pain. There was no evidence of any active treatment.
- Set 5. These records did have the date of referral documented. The consent and risk assessments were documented as completed. Again, the pain chart was incomplete. Patient goals and diagnosis were not identified. There was greater emphasis on the examination of the patients left knee however it was identified that the patient had bilateral knee pain.
- Five records completed by community therapists were incomplete.
- We looked at four sets of paper records for community nursing patients and found that each had a set of generic care plans. All records had pressure area care, hydration and positioning care plans however these were blank in all the records we reviewed therefore the records did not evidence that staff personalised the care needed for each individual patient. Staff we spoke with could not tell us why the care plans were not completed.
- We saw that an action plan had been created following the record keeping audit. The actions highlighted following the audit had varying dates for completion the



# Are services safe?

latest being 01 September 2015. The information above would indicate that further improvements in record keeping are needed to meet the required recommendations.

## Mandatory training

- The trust target for mandatory training compliance was 95% by 31 December 2015. In May 2015, compliance was reported as 92%. Information received following our inspection showed that overall compliance with mandatory training for community service staff was 93%.
- Training in resuscitation varied between 33% for the stoma care team and 100% for a community nursing team. Overall compliance across all teams was 78%. This meant that a significant number of staff were not up to date with this training and staff might not be competent when dealing with an emergency situation.
- Staff completed four types of moving and handling training. Compliance for non-patient handling (module 1) was 94%. 90% of medics and community nurses had completed module 1, staff required to complete module 2 (reduced handling – chair only) were 93% compliant and module 4 – community adults showed 86% compliance. Staff and patients are at risk when staff are not up to date with moving and handling training as this can result in injuries to both staff and patients.
- The patch team leaders for one of the community nursing teams told us that she was proud that her staff was 100% compliant with mandatory training at the time of our inspection. The team leader told us that staff had time to complete training scheduled into their roster and therefore compliance was rarely below 90%.
- A district nurse and a community physiotherapist told us that they were 100% compliant with all mandatory training.

## Assessing and responding to patient risk

- Advice is issued to the NHS as and when issues arise, via the Central Alerting System. Patient safety alerts are crucial to rapidly alert the healthcare system to risks and provide guidance on preventing potential incidents that may lead to harm or death.
- A manager described the processes that were in place to ensure that staff knew about safety alerts. This involved all staff receiving an e-mail about the alert and them checking their own equipment and removing any defective or faulty equipment in a timely manner.

- Staff in the chronic wound clinic completed pressure ulcer, infection control, wound, malnutrition risk assessments for all patients attending. These assessments were then reviewed monthly or as necessary dependant on the patient risk factors.
- Patients attending the chronic wound clinic also had a Doppler test if required. A Doppler ultrasound test uses reflected sound waves to see how blood flows through a blood vessel. It helps doctors evaluate blood flow through major arteries and veins and is used to assess blood flow for patients who are suffering from conditions such as leg ulcers.
- Records did not evidence that patients attending the chronic wound clinic had a falls risk assessment. Staff told us that many of the patients attending the clinic were elderly and had chronic leg ulcers. These patients may have been at greater risk of falling due to their age.
- Nurses working in the community told us that they used a traffic light triage system to prioritise patient need. Staff said that all patients stay red until they have been assessed.
- All patients admitted to North Lincolnshire local authority's intermediate care facility, had a full nursing assessment completed by community staff within 24 hours. This included pressure area, infection control, falls and malnutrition screening.

## Staffing levels and caseload

- Community nursing services were available 24 hours a day, seven days a week. They were divided across five clusters. Community nurses assessed the needs of patients, planned the care package and provided nursing care to end of life patients.
- The board papers from August 2015 indicated there were 20 community nurse vacancies. The trust risk register showed this had resulted in an increase in missed visits to patients and an increase in medication errors. The October 2015 vacancy position across community registered nursing had improved and was at 4.2%.
- It was noted by the trust that staff stress and sickness had increased. Information given to us by the trust showed two of the community nurse teams had some of the highest levels of staff sickness of all the community services. Sickness was 9.7% in one team, sickness across all the community nurse teams was an average of 7.3% against a community average of 3.3% at the trust.



# Are services safe?

- We saw that there were half the planned establishment of registered community staff nurses at Epworth clinic base. The trust told us this was due to staff sickness. Staff told us they had to send nurses to cover other areas when there was staff sickness. Staff told us there was between 140-150 patients on the caseload, which was an increase of 30% over the last three years. It was not certain whether this had an impact on the continuity of care for end of life patients.
- A team leader said that staffing in one community nursing team had been problematic in the past due to vacancies and long-term sickness but these issues had reduced due to recruitment and staff returning to work following sickness.
- Community-nursing staff used the 'Warrington Workload Tool' and staff caseload was planned on this acuity tool.
- One community nurse told us that her caseload had been 180 patients but this had reduced to 130. Another told us that they felt that their workload allowed safe and effective care for patients.
- A senior nurse told us that staffing levels in the chronic wound clinic had been low for a number of years and they relied on bank staff. This was of concern to the manager due to bank staffs' competency in relation to specialised wound management for example compression bandaging. Information provided by the trust indicated that only staff with appropriate competency would provide this treatment.
- The equipment store at Scunthorpe was short staffed and often relied on the good will of the staff to ensure patients received a timely service. Agency workers were used, for example, in the decontamination/cleaning bay. This member of staff had completed mandatory and incident report training and had competencies signed off. Staff in the community equipment store told us that they regularly came in to work early, worked over their hours and took shorter breaks to ensure that equipment was available.
- Staff we spoke to told us that the stroke teams for Scunthorpe and Grimsby included Band 6 and 7 physiotherapists and occupational therapists, band 6 speech and language therapists and band 3 and 4

support staff who worked to generic competencies. There were also clinical psychologists and stroke social workers as well as other professional roles within the team.

## Managing anticipated risks, major incident awareness and training

- The trust told us that the Emergency Planning Lead at the Community and Therapy Services Quality and Safety Session provided a major incident update on 7 September 2015. The trust also had plans to hold a winter weather tabletop exercise for twenty-four community staff on 24 November 2015.
- We saw business continuity plans for teams within adult community services. Community staff in both nursing and therapy teams were aware that these were in place for events such as adverse weather. Most staff told us that they would report to their nearest base. Managers told us that business continuity plans were on the intranet.
- Staff also said that a list of staff that drive four wheel drive vehicles was available and that 'pool cars' had been changed to four wheel drive vehicles.
- One band 5 physiotherapist we spoke to was not aware of the policy in relation to adverse weather.
- The trust had a lone worker policy. Therapy staff told us that they carried lone worker devices or mobile phones to ensure that safe practices were in place for staff who worked alone. They also told us that they used a safe word and a system of logging in and out of a building. Staffs visits were logged on a white board and in a book.
- Therapy staff told us that there was an alert process used on the electronic system, which identified any risks for home visits, for example if there was a dog in the house.
- The trust had policies in place for major and significant incidents and also provided information about a major incident exercise that took place at SGH on 5 November 2015. This was completed in conjunction with a local ambulance service.
- Staff working in clinics told us that clinics could be cancelled and they could be redeployed elsewhere in the event of a major incident or to maintain essential services during adverse weather conditions.

# 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' because:

- Staff knew about best practice guidance such as National Institute for Health and Care Excellence (NICE) and gave good examples of care based on these guidelines.
- There was evidence of multi-disciplinary working across all teams and also evidence of collaborative working with the local authority.
- Referral processes were straightforward and staff did not raise any concerns about these.
- The trust had introduced technology systems and this allowed staff to share records. Community nursing teams told us that plans were in place to introduce electronic referrals.
- Staff we spoke with knew about the need for pain assessment and we saw these completed in patient records.
- The chronic wound team, and other staff, told us managers encouraged them to take opportunities to develop. They also told us the trust provided leadership training to all band 7 staff.

However we also found:

- The trust did not audit pain assessment for community-based patients.
- Some staff we spoke with told us that they contributed to local and national audits. Following our inspection, we asked the trust to supply details of any audits that community staff contributed to including the action plans and evidence of shared learning but these were not received.
- Therapy team staff did say limited resources acted as a barrier to staff development.
- Numbers of staff with an up to date appraisal had fallen from 94% to 80%.

## Detailed findings

### Evidence based care and treatment

- Therapists told us that they used pathways which were based on NICE guidance, for example, for patients who had lower back pain and when caring for stroke patients. We saw evidence of these in patients records.
- Four staff told us that staff were unable to provide daily therapy input to stroke patients in their own home due to staffing levels. This did not meet with NICE recommended guidance and was not on the risk register.
- The Bournemouth Questionnaire (BQ) multi-dimensional core outcome assessment tool consists of seven scales, has been validated in back, and neck pain patients. We were told that physiotherapists used this tool for patients being discharged from the service. We did not see evidence of this because all records reviewed were for patients who were still undergoing treatment.
- There were pathways in place for the care of patients in the community. These included pathways for referral to the chronic wound service and the tissue viability nurses, faecal and urinary incontinence and patients who needed intermittent self-catheterisation.
- Staff from the chronic wound clinic told us that they followed a wound care formulary but that they were able to work outside of this if they could evidence their rationale for this.
- The chronic wound team used electronic record wound care templates, which were designed around evidence based best practice. A manager told us that Chartered Society of Physiotherapists and British Association of Occupational Therapy audits were completed. We asked the trust for the outcomes from these audits but these were not provided, therefore we were unable to evidence any learning or changes to practice as a result of the audit findings.

### Pain relief

- An assistant practitioner in the chronic wound team told us that they would ask patients if they were taking pain relief but it was not part of their role to advise patients. They told us that they would seek advice from a registered nurse.

# Are services effective?

- A community physiotherapist that we spoke with told us that they did not advise patients about pain relief but that they would signpost to a pharmacist or G.P.
- Staff from the community stroke team told us that they used a visual analogue scale (VAS) to assess pain in patients who were cognitively impaired. They also said that they had good links with the pain clinic and the patient's own G.P and would refer or signpost patients when necessary.
- We saw a pain assessment tool being used in community nursing and intermediate care patients records.
- Community nurses told us that they used a recognised pain-scoring tool for patients with confusion or who had a diagnosis of dementia.
- The trust told us that there have been no pain assessment audits undertaken in adult community health services.

## Nutrition and hydration

- Written advice about the importance of nutrition and hydration in relation to wound healing was given to patients attending the chronic wound clinic were given.
- Patients were assessed for risk of malnutrition using recognised screening tools. We saw examples of this in patient notes at an intermediate care facility, those attending the chronic wound clinic and patients being cared for by community nurses.

## Technology and telemedicine

- The electronic patient record was a centrally hosted clinical computer system. It was also available to GPs as well as local community teams for record keeping.
- Therapists, community clinic staff and nursing teams in the trust used this system and were able to share records.
- Nursing staff within the community services had recently started using mobile working devices. A manager and three registered nurses we spoke with, told us that they were still developing their skills and understanding of how to use the devices and there had been no significant issues to date.
- Therapists in community services were able to share patient records using the electronic system. We were told that this aided continuity of care and provided an alert, for example, if a patient had been readmitted.

## Patient outcomes

- There was limited information available to provide evidence of patient outcomes within this service.
- The Sentinel Stroke National Audit Programme (SSNAP) is the single source of stroke data in England, Wales and Northern Ireland. SSNAP measures the quality of care that stroke patients receive throughout the whole care pathway up to six months post admission. The community stroke team told us that they contributed to SSNAP data that was submitted by the trust.
- We saw evidence that a trust wide group, including representatives from community services, met to discuss the outcomes of the SSNAP data and actions in place to mitigate risks and improve outcomes for stroke patients. In the meeting held in August 2015, the minutes highlighted that some targets were not met due to the low numbers of qualified staff in the community stroke team in the Scunthorpe area. This was not highlighted on the risk register.
- We were told that case notes were audited to monitor patient outcomes but that these audits were not seen by the inspection team.
- A physiotherapist and two occupational therapists from the community stroke team told us that they worked with patients to set goals, which they monitored.
- A senior manager we spoke with told us that the decision to discharge stroke patients from the acute hospital to either an intermediate care bed or their own home, was based on a patient's ability to transfer to and from a chair/bed rather than their ongoing need for therapy. This might have affected the recovery of some patients in their own home as they could regress due to a lack of therapy input. However, we were also told about a patient who needed kitchen practice and, because staff were not available within intermediate care facility to provide this, the patient was discharged from the hospital straight home. The staff were able to provide community occupational therapy (OT) input and also OT assistant support three times per day, which was greater than would have been available as an in-patient.
- DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed) is a UK NHS training course for people with type 2 diabetes that helps people to identify their own health risks and to set their own goals. A manager said that nurses and dieticians from the community teams ran half-day courses for diabetic patients in the community to improve a person's management of their disease.

# Are services effective?

## Competent staff

- Information received from the trust prior to our inspection indicated that the appraisal rate for staff working in community services from April 2014 to March 2015 was 94%. The data supplied was as follows:
  - Nurses 90%
  - Admin and clerical staff 99%
  - Estates and ancillary staff 83%
  - Additional professional, technical and scientific staff 100%
  - Additional Clinical services staff 93%
  - Medical and dental staff 100%
- Most staff we spoke with told us they had an up to date appraisal.
- Information provided indicated that one manager (band 8b) had completed a National Vocational Qualification level 5 in management.
- We were told by the trust that all band 7 staff were completing in-service management courses and senior staff we spoke to confirmed this.
- Community therapy staff told us that senior staff in teams held educational hours as a way of providing clinical supervision.
- There were opportunities for staff development. For example, we spoke with a member of staff who told us that they had progressed from being a health care assistant to becoming a band 4 assistant practitioner within the chronic wound service.
- There was a team of four whole time equivalent tissue viability nurses led by a Quality Matron for the report. A business case had been approved to move to seven day working from April 2016. Specific training had been added to the trust's "Compliance list" since July 2015 so attendance had increased and was 52% for nursing staff at the time of the inspection. The team had developed two successful initiatives to improve earlier detection of potential pressure ulcers. This included the use of pocket mirrors and the PUG wheel (Pressure Ulcer Group). Staff from the chronic wound team provided training for complex wounds to the community nursing teams. Two registered nurses within the team were extended nurse prescribers. The manager had completed a degree in tissue viability.

## Multi-disciplinary working (MDT) and coordinated care pathways

- The wheelchair service staff told us that they had strong links with other services including rehabilitation medicine, which encompassed all long-term neurological conditions, the tissue viability service, occupational therapists, physiotherapists, the acute services and the patient's own GP.. This enabled the team to improve wheelchair users' independence by providing the most suitable seating for each individual based on a holistic assessment of their needs.
- The community services worked closely with the North Lincolnshire local authority intermediate care unit, which had thirty rehabilitation beds. Five beds for stroke patients and twenty-five for general rehabilitation. Staff said that MDT meetings took place each week on a Monday, Wednesday and Friday. GPs, nurses, therapists and social care staff attended the meetings where progress, results of home visits and discharge planning was discussed.
- The core therapy team provided seven-day cover for the rehabilitation patients, including stroke patients in this unit.
- Staff in the community therapies stroke teams attended the MDT held at the acute stroke ward. This enabled them to identify patients who would transfer to their care once discharged from the acute ward. The stroke team told us that delayed discharges were usually due to social services and a lack of available carers.

## Referral, transfer, discharge and transition

- A manager told us that therapy teams accepted referrals from acute, community teams, therapists referred to each other, and referrals from nursing staff were accepted.
- Therapists received approximately 720 new referrals each month, these were mainly trust referrals and those from GPs. The split was approximately 50/50.
- Community nurses accepted referrals from all areas including the acute services, general practitioners, community matrons and patients and their families.
- The referral process for community-nursing teams was via a telephone call or fax. We were told of plans for an integrated assessment form, which could be sent via fax or electronically.
- Due to a change in staffing there was a gap in the triage element of one of the community nursing teams. A

# Are services effective?

manager told us that they always ensured that a clinical member of staff was available at the base to take referrals. However, this reduced the time available to make home visits.

- The referral criteria for the chronic wound service was a non-healing wound of more than six weeks' duration. Any other health professional could refer patients to the service. Following completion of treatment, the service did not discharge patients and they could self-refer if they experienced any further problems with the wound.
- Staff within the chronic wound clinic could also refer patients to dermatologists or request that GPs refer to vascular consultants for second opinion.
- A member of staff from the wheelchair service team told us that they had a five-week waiting list for routine follow-ups in patients' homes but that if an urgent issue was flagged, they would attend straight away. There was no waiting list for patients attending clinics.
- We were told that the waiting list for physiotherapy appointments was six weeks for routine and two weeks for urgent referrals. We saw evidence from the trust that 84% of referrals (846) were seen within six weeks.
- The community equipment store accepted referrals from any healthcare professional. This meant that there was no delay in the referral due to them having to be completed by certain grades of staff.
- We asked for evidence of the trusts transition pathways for children moving to adult services and were provided with a pathway for diabetic patients.

## Access to information

- Staff were supported to deliver effective care and treatment by the use of electronic care records which included case notes risk assessments and care plans. All community staff including GPs had access to this information.

- Paper records were kept in care homes; community nurses told us end of life patients in care homes also had electronic care records for health staff to access.
- Relevant policies and guidelines were available electronically via the trust intranet, which was accessible from community bases.
- Staff were able to access blood results and x-rays electronically.

## Consent, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs)

- We saw evidence within the records on the electronic system that staff sought consent to share patient information. All staff we observed sought verbal consent prior to providing care and treatment.
- The trust compliance with MCA training was 93% in September 2015.
- A community nurse we spoke to had a very good knowledge of MCA.
- An assistant practitioner told us that she had received training in both MCA and DoLs. She was able to detail her responsibilities in relation to this. The manager of the service advised that the patient's GP would alert them, at the point of referral, in relation to any patients attending clinics who had dementia and that relatives usually provided support.
- The trust had a target that 45% of all relevant staff to have received dementia awareness training by December 2015. In May 2015 this target had been exceeded in that 49% of staff had completed this training.

# Are services caring?

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

We rated caring as 'good' because:

- Patients and relatives were positive about the care they received from nursing and therapy staff.
- Staff and managers we spoke with displayed a caring attitude towards their patients. They took genuine interest in their welfare, comfort, treatment and recovery. We saw staff treating patients and relatives with dignity and respect throughout our inspection.
- We saw that staff actively involved patients in plans and decisions about their care. They also respected patients' rights to make their own informed choices about treatment.
- Although Family and Friends Test data was not specifically broken down for each of the community adult services, overall percentages of positive responses were high.

## Detailed findings

### Compassionate care

- We spoke to a patient who was attending the Ironstone centre for a podiatry appointment. This patient told us that he was very happy with the service provided and that all staff had always been caring and attentive to his needs.
- We also saw a podiatrist treating a patient and noted that the member of staff had a very caring attitude.
- A patient who was attending the Ironstone centre for a dermatology appointment told us that the staff were 'fantastic'. The location was convenient and appointments nearly always ran to time, on the day of our inspection the clinic was running slightly late for the first time since this patient had been attending which was three times per week since July 2015. The patient was always given a choice of appointment, which they were able to plan around their work commitments.
- A comment card collected during our inspection stated 'Think the podiatrist should come in to the waiting room to call you in not shout from the door. Treatment was good though'.

- The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed.
- There were no friends and family test data specifically for the community adults services, however community services as a whole, including children and young people and dental services, had received 1082 responses between April and June 2015, of which 98-99% were positive. The trust provided a table with more than 80 positive comments about the staff and services provided by the adult community services teams.

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

- At SGH therapy department, we saw staff speaking to a relative in the corridor. Advice was being given in relation to the ongoing care of the patient. The member of staff displayed a caring and understanding attitude. We did not hear any patient identifiable information during this exchange.
- During our inspection of the Ironstone Clinic, with the patient's consent, we saw a member of staff providing treatment. The staff member was caring and compassionate towards the elderly patient she was treating. She gave thorough explanations in relation to the treatment provided and the patient's ongoing care needs including checking that future appointments were in place.

### Emotional support

- Staff in the community clinics told us that they build relationships with patients who had long-term conditions and were able to provide emotional support. We saw this when we observed staff in clinics interacting with patients whom they had seen on a number of occasions.
- Staff in the community stroke service told us that stroke patients had mood screening and a psychologist was available within the team.

# Are services responsive to people's needs?

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

We rated responsive as 'good' because:

- Services were planned across the locality with key partners, such as the local authority, which helped meet the needs of local people.
- A triage system was in place in some services for both planned and unplanned nursing care.
- Staff knew how to access interpreting services where needed and gave examples of when they used them.

However we also found:

- While seven-day services were becoming embedded within some services, limited numbers of staff in some teams, such as community stroke services, meant they could not provide the recommended level of therapy.
- There were low numbers of complaints for community services however there was limited evidence that managers shared the lessons learned from complaints with their teams or wider services.

## Detailed findings

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

- The trust had worked with a local authority to plan services for people who required rehabilitation. There was a trust community nursing team based at a local authority intermediate care unit. These staff worked from 08:30 – 17:00 seven days a week, 365 days a year and provided nursing and therapy input into the 30 rehabilitation beds. The staff checked patients against the admission criteria, completed an initial nursing assessment within 24 hours of admission, they completed all nursing tasks such as blood tests and dressings and educated patients about their medication regimes and assisted with discharge planning.
- Staff and the manager working in the chronic wound clinic told us that community clinics were planned across the locality to meet the needs of the local population.
- The chronic wound clinic also held a drop in session each weekday from 14:00 to 15:30. Referrals for this were usually from accident and emergency. Patients with traumatic wounds were able to attend this clinic for dressing changes and wound reviews.

- Some community teams were not always integrated in their approach with patients, for example, one patient had four different services visiting for the same health needs.
- Wheelchair therapists held clinics in community settings to improve access for patients.
- Community stroke teams were in place to provide care for patients in their own homes, care homes and intermediate care centres. We visited the Scunthorpe team during the inspection and were told about a community stroke team in Grimsby.
- A member of the stroke team from Grimsby told us they provided input into a rehabilitation facility and patients in their own homes. There was also a rapid response team, which included therapists and specialist nurses.
- The trust had recently announced that its seven-day community service in North Lincolnshire was being expanded so people can receive treatment and recover in their own homes rather than being admitted to hospital. The Rapid Assessment Time Limited Service (RATL) would provide a fast community response, seven days a week, 24 hours a day, to mainly elderly or frail people who are in urgent need of care. The service was an expansion of the existing unscheduled care team and would see staff responding to the most urgent calls within one hour and preventing hospital admissions where it was safe to do so. Seven additional members of staff were being recruited to the team. This was a joint initiative between North Lincolnshire Clinical Commissioning Group and the trust.

### Equality and diversity

- Data suggested that the three largest ethnic minority groups were Polish, Lithuanian and Latvian.
- When an interpreter was required, the trust in the majority of instances used a telephone service called 'The Big Word'.
- Staff at the Ironstone centre told us that they were aware of the trust processes in relation to interpreting services.
- The stroke team also told us that they used interpreters but that sometimes this had caused problems for example if the interpreter was late.

# Are services responsive to people's needs?

## Meeting the needs of people in vulnerable circumstances

- We met with the blue badge coordinator (disabled badges for cars) who told us that they was able to provide additional support by signposting patients to other services such as occupational therapy, carer support and benefits agencies.
- The trust had a community based wheelchair clinic. The staff within this service dealt with all service users who required specialist seating.
- The wheelchair team would assess each individual based on his or her need using the physical restrictive intervention policy. A multidisciplinary team meeting was held to review each case and a psychologist was always involved in these cases.
- Staff we spoke with told us that if necessary, they worked with the equipment store engineers, to adapt wheelchairs and gave an example of when this was needed for a ventilated patient and their wheelchair was adapted to accommodate a portable ventilator.
- The community equipment store offered a seven-day service. The store was manned Monday to Friday as part of usual staff working hours but also provided a weekend service, which was voluntary at the time of our inspection. We were told that this was because staff had not had a seven-day working consultation process.
- A goodwill service was provided out of hours by staff from the equipment store. If equipment was needed staff could contact the duty manager who in turn would contact the manager of the equipment store.
- There was a wide variety of information leaflets available for patients in the therapy department at SGH. There were also notice boards which contained patient specific information for example details of a governor and members forum, contact details for the patients advice and liaison service (PALS). Referral to treatment statistics and the trust risk strategy were also displayed.
- Pressure damage information leaflets were part of the standardised documentation given to patients by community nursing teams.
- We saw notice boards with information relating to the services provided by the community service teams in the Ironstone centre. This included advice about falls prevention, PALS, confidentiality and leg ulcer information.
- Community therapists we spoke with told us that all stroke patients received a red file from the acute

hospital. This contained generic information for all stroke patients and personalised information for each patient, for example smoking cessation, driving assessment details and exercise sheets.

## Access to the right care at the right time

- We found that all referral processes in to all services were simple and easy for both patients and staff to follow.
- There was a process in place for unplanned community nurse visits. A band 6 district nurse coordinated this system.
- Staff at the chronic wound service told us that there were forty-nine patients on the waiting list and that only two new patients could be accommodated each week due to space and capacity. This information would indicate that patients with a chronic wound would be on the waiting list for more than twenty weeks prior to being seen. This meant that because the referral criteria for the service was a non-healing wound of six week duration patients might not be seen until the wound is twenty-six weeks in duration. We asked the trust for the details of the waiting list for the chronic wound service but this was not received.
- A member of staff from the community equipment store told us that they had a key performance indicator for delivery of specialist equipment of one working day. We were told that this target was breached in April 2015 due to the store having a lack of equipment because of budgetary constraints. Staff we spoke with were not aware of any plans to address this, however this was listed on the risk register.
- The store had a supply of specialist pressure relieving mattresses but there was also an additional external contract in place with a private company to provide a mattress to a patient's home within four hours outside normal working hours. Staff said that during this financial year (April 2015 to the date of our inspection) there had only been two occasions when the private company was used. The service had expanded from providing five or six beds per week to it now supplying five or six beds per day at busy times.
- The store did not keep a supply of bariatric beds but did have other equipment for bariatric patients. Staff we spoke to told us they used an external company if bariatric beds were needed in patients own homes.

## Learning from complaints and concerns

# Are services responsive to people's needs?

- Information provided by the trust stated that there had been two formal complaints relating to adult community and therapy services team at North Lincolnshire in the 12-month period between July 2014 and July 2015. One related to the care received from a district nursing team. The second related to out of hours care.
- The minutes of team meetings and the Adult Services Caseload Meeting, Community & Therapy Services dated 23rd September 2015 indicated that complaints were discussed and minuted. We also found evidence of complaints discussion in the governance meeting minutes
- Service leads that we spoke with said that they fed back details of complaints and any lessons learned to staff through team meetings. We only found evidence of this in two of 19 sets of team meeting minutes that we reviewed which meant that complaints and lessons learned were not shared across all teams.

# Are services well-led?

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

We rated well led as requires improvement because:

- There was limited evidence that staff within community services were aware of any vision or strategies for their services.
- There was a governance structure in place and community & therapy services clinical governance group meetings took place however, staff told us that they did not receive or access feedback/learning from incidents. We were therefore not assured that learning from incidents was effective.
- Not all risks were identified on the risk register. Senior staff we spoke to knew about the risk register and could explain the risks for community services although at a more senior level there appeared to be limited action taken to address or mitigate the risks.
- Some staff felt that there was a disconnect between community and acute services and that integration had been slow. However, locally leaders were working to address this and to ensure the community staff voice was heard at board and senior management level.

However we also found that:

- Frontline staff we spoke with told us local managers were supportive, visible and approachable, which helped them to provide good quality care.
- Staff were proud of the services that they worked in. Senior staff told us that the culture in the community teams was welcoming and teamwork was good. Staff supported and responded to each other's needs and those of the service.
- Patient feedback was positive across all services provided in the community.

## Detailed findings

### Service vision and strategy

- There was limited evidence that staff within community services were aware of any vision or strategies for their services. Going forward we were told this would be developed through the Healthy Lives Healthy Futures work-streams.

- The manager of the chronic wound clinic told us that she had put forward a business plan two years ago relating to staffing and skill mix and was frustrated that she had not received any feedback in relation to this despite raising this several times.
- During a meeting with senior staff they told us that would like to develop a truly integrated community services division. Staff felt that integration was happening but that it was slow. Staff said that IT systems needed to be aligned so that all services could share records.
- Some staff said that they felt that the community voice was not fully heard by the trust senior managers.

### Governance, risk management and quality measurement

- There was a governance structure in place and community & therapy services clinical governance group meetings took place staff told us that they did not receive or access feedback/learning from incidents. We were therefore not assured that learning from incidents was effective.
- Senior staff we spoke to were aware that there was a risk register and could explain the risks for adult community services. Although they told us they were aware of the need to escalate risks to the risk register, some risks, for example, compliance with mandatory training and failure to meet SSNAP targets due to understaffing in community services were not identified as risks on the register.
- The risk register for community services had "No planned preventative maintenance (PPM) programme for wheelchairs" identified as a risk related to staffing levels. This had been on the risk register since 2011. The register showed that this risk had not been addressed until April and July 2015 and there were no documented actions to mitigate the risk. Wheelchair services told us that staff from the equipment store bend over backwards to accommodate their needs. Staff in the store told us that there was not enough staff for



# Are services well-led?

wheelchair maintenance and that they work over their hours in order to maintain a good service. Staff said that additional hours were not logged. This had not been identified as a concern by senior staff.

## Leadership of this service

- Staff we spoke with said that the matron for community services was engaged, supportive, approachable and visible.
- Staff in the chronic wound clinic spoke positively about the leadership of the service. The manager was visible and approachable. We were told that this manager was leaving the trust and staff we spoke to were visibly upset about this.
- Staff in all therapy teams told us that their team leader was visible and approachable and that they saw them a lot.
- Frontline staff in all teams we spoke to told us that they did not see the trust senior management team in community settings very often.
- Staff we spoke to told us that the recent service reconfiguration would result in there being one manager for both community and acute stroke services for both Scunthorpe and Grimsby locality. Staff said that this would be beneficial for consistency of service provision.
- A member of staff from the community stroke team told us that a senior manager had allocated time to work with the therapists. They also told us that senior management have meet and greet sessions and that the senior team have been 'round in the last week'.
- A matron said that she felt supported by the senior management team and that she saw the senior nurse regularly.
- Staff told us that the chief executive had an open door policy.

## Culture within this service

- A senior nurse who had transferred from the acute to community said that the culture within the community nursing teams was welcoming, teamwork was good and that staff supported each other and responded to each other's needs and the needs of the service.
- We were told that the Community Equipment Store staff 'bend over backwards to help'.
- A podiatrist told us that they felt well supported by their team and the manager.

- A member of staff from the chronic wound team felt that they provided an excellent service and two staff we spoke to were proud to work within the team.
- We spoke to a student nurse who was on placement with a community team. This student spoke very positively about the placement; they felt well supported by their mentor and felt like part of the team.
- A band 5 nurse within the team at the intermediate care unit spoke very positively about the team dynamics. We were told that the team had a positive attitude and although staffing had been difficult at times the team had pulled together to maintain the cover. This nurse told us that she was proud of the service.
- The community stroke team staff told us that they supported two students per year but that due to limited numbers of trained staff in the service, placements might have to be cancelled if the qualified therapist was unavailable for any part of the placement.
- Some staff told us that the threat of downgrading and service reconfiguration was affecting staff morale. One therapist told us that her role now involves dealing with staff sickness and other managerial tasks, which further reduces her clinical time.

## Public engagement and staff engagement

- The trust had an active website, Facebook page and Twitter account which encouraged engagement with younger patient groups.
- Information provided by the trust showed that staff roadshows had been arranged as part of the upcoming reconfigurations. None of the staff we spoke with told us that they had attended one of these roadshows, nor did they tell us that they had engaged with the process by reading any information that had been made available.
- Staff had been informed of changes to staff car parking. Several members of staff told us that they were disappointed that the trust intended to stop the current park and ride service for staff. The current arrangement was changing to an alternative parking location and the use of public transport to the hospital. Staff felt that this would reduce the clinical availability of staff that needed to work in the community and at the acute site as the journeys would take longer and the system would be less convenient.
- The trust had a number of engagement activities for staff, which included the monthly staff lottery. In addition there was a summer draw as well as the annual 'Our Stars' event. The 2015 event planning for this had

# Are services well-led?

commenced in June and 197 nominations received. Shortlisting was complete and shortlisted staff/teams had been notified. Patient Choice nominations were also received.

- A weekly bulletin was published sharing up to date news about the trust.

## Innovation, improvement and sustainability

- Community staff were able to detail a number of initiatives that they felt would improve the services for patients being cared for in the community including a falls programme, a dedicated service for younger stroke patients in the Grimsby area and a group exercise programme for the chronic wound clinic patients.
- The tissue viability team had recently had a business case approved for a seven day combined community and acute tissue viability team. This should improve detection and treatment rates.

- Staff in the chronic wound clinic told us that they were encouraged and supported to develop their skills and expertise.
- A member of staff from the community stroke team told us about an initiative, which involved stroke patients in Scunthorpe, Wakefield and Sheffield. Staff were piloting this with another NHS trust. The programme aimed to empower stroke patients using a self-management programme, to set goals and reduce the dependency on human contact therapy.
- The development of the Rapid assessment time limited service (RATL) would provide a fast community response, seven days a week, twenty-four hours a day, to mainly elderly or frail people who were in urgent need of care. It would see staff responding to the most urgent calls within one hour and preventing hospital admissions where it was safe to do so.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none"><li>How the regulation was not being met: care was not always provided in a safe way as the trust did not have suitable arrangements in place in order to ensure the proper and safe management of medicines in people's homes.</li></ul> <p><b>The trust must ensure that:</b></p> <ul style="list-style-type: none"><li>procedures for managing controlled drugs in patients' homes are standardised and all staff follow guidelines for the safe management and documentation in relation to controlled drugs. Reg 12 (2)(g)</li></ul>

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <ul style="list-style-type: none"><li>How the regulation was not being met: The trust did not have suitable arrangements in place in order to ensure cleaning substances were stored safely and all equipment in use was properly maintained.</li></ul> <p><b>The trust must ensure that:</b></p> <ul style="list-style-type: none"><li>all cleaning substances are stored in line with current legislation and guidance, specifically within the Ironstone Centre. Reg 15(1)(a)</li><li>all community equipment is tested for electrical safety and equipment is serviced in line with manufacturers recommendations. Reg 15(1)(e)</li></ul>

Regulated activity	Regulation
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This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- How the regulation was not being met: The trust did not have suitable arrangements in place in order to maintain accurate, complete and contemporaneous records in respect of service users, including a record of the care and treatment provided to service users and of decisions taken in relation to the care and treatment provided.

**The trust must ensure that:**

- record keeping meets all appropriate registered body standards. Reg 17(2)(c)