

The David Lewis Centre

# Assessment and Treatment - Warford




## Inspection report

Mill Lane  
Alderley Edge  
SK9 7UD  
Tel: 01565640109  
[www.davidlewis.org.uk](http://www.davidlewis.org.uk)

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services well-led?	Good	

# Summary of findings

## Overall summary

The Assessment & Treatment – Warford provides specialist nursing and therapy services to people receiving care from the David Lewis Centre. It provides education, residential care, medical and therapeutic support for young people and adults with epilepsy, learning disabilities and autism.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. ‘Right support, right care, right culture’ is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Our rating of this location stayed the same. We rated it as good because:

- The clinic environment was clean.
- There was a range of equipment to meet people’s needs with professional input and assessment to ensure these were safe and suitable for individuals.
- The service was well-staffed and, where there were vacancies, there were well-developed plans to recruit to these.
- People and carers we spoke with were very happy with the care people received.
- People benefitted from continuity of care because they received care from staff who knew their needs well and could communicate with them.
- Staff assessed and managed risk well, including working reactively in response to incidents and health concerns through providing a responsive service 24/7.
- Staff oversaw and promoted people’s physical health, proactively in response to the ongoing management of their complex health conditions and epilepsy care.
- Managers ensured that staff received appropriate training. Where there were minor shortfalls in uptake of some mandatory training courses, there were plans to improve those rates.
- Managers had commissioned an independent safeguarding review to further enhance the safeguarding arrangements across the site.
- Managers had appropriate governance arrangements to oversee the quality of the service including looking at hospital admission avoidance.
- Managers were committed to continuous improvement and were further developing monitoring approaches through looking at harm-free care.
- Staff felt that the leadership team were approachable and understood the service well.
- Managers had identified key clinical and operational risks, and these reflected what we found.
- Staff reported improved morale coming out of the COVID-19 pandemic and were optimistic about the future direction and service provision.

However:

- The clinic room temperature was not routinely monitored. This may compromise the efficacy of the small amount of stock medicines held within the clinic. The room was well ventilated. This was addressed during the inspection.
- Where end-of-life care was, or planned to be, shared with external visiting health professionals, written records could more clearly explain the current or future delineation of duties and escalation between the health professionals involved.
- Care plans could detail more explicitly the anticipatory nursing needs of people to better enable the comparison of the expected and actual nursing care given.

# Summary of findings

- Managers should continue to assess how the principles of 'Right Support, Right Care, Right Culture' guidance can be fully applied to the work within the nursing service and ensure the risks of the service developing a closed culture are fully mitigated. Many recent initiatives steered by the new chief executive aligned to the principles such as opening up services to more external scrutiny.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for adults	Good 	See the overall summary

# Summary of findings

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# Summary of this inspection

## Background to Assessment and Treatment - Warford

The Assessment and Treatment – Warford provides specialist nursing and therapy services to people receiving care from the David Lewis Centre. The David Lewis is a charity. It provides education, residential care, medical and therapeutic support for young people and adults with epilepsy, learning disabilities and autism.

The Assessment and Treatment – Warford provides nursing care to young people and adults who have ongoing physical health needs requiring nursing input for their complex, long-term and palliative care needs. The team include nurses, therapy staff and support workers. Staff work collaboratively with a local specialist GP who also provides care and support to people at the David Lewis Centre. It provides 24-hour nursing cover as well as a variety of other services such as diagnostics, neurology, occupational therapy and dietetics. The team works primarily on the campus located at Warford in Cheshire.

It is registered for the following regulated activities:

- Treatment of Disease, Disorder or Injury,
- Diagnostic and screening procedures, and
- Personal care

Soon after the inspection, the provider removed the 'personal care' regulated activity as they do not provide any personal care separately.

The service has been inspected on four previous occasions. The last inspection took place on the 26 October 2016 and we found then that the service was rated good overall and across all key questions.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

## How we carried out this inspection

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process. We only looked at the safe and well-led key questions to test our assessment.

We announced the inspection by giving the service 24 hours-notice. This was because the service provided community health services and we wanted to make sure that key staff were available to speak with us and so we could plan to observe some clinics.

Our inspection team for this core service was one CQC inspector and one specialist adviser

Before the inspection visit, we reviewed information that we held about the services including the details of our Direct Monitoring Approach (DMA) assessment which we carried out in April 2022.

During the inspection visit, we:

# Summary of this inspection

- toured the team and clinic environment
- spoke with the chief executive, director of clinical services, and the registered manager/head of clinical services and quality
- spoke with 10 other staff in total including the matron, qualified nursing staff, speech and language therapists, physiotherapists, and therapy assistants.
- reviewed people's responses from April 2022 when we carried out the Direct Monitoring Approach (DMA) assessment where we spoke with six people who used the service and two carers
- observed two non-intimate clinical care episodes with people who used the service
- reviewed eight care records
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

## Outstanding practice

We found the following outstanding practice:

- Staff and the multidisciplinary team were very skilled in working proactively with people with highly complex health issues, epilepsy and learning disabilities, including meeting their complex sensory and communication needs. As a result, people had access to a very responsive health service 24/7 run by staff who knew them very well and kept them healthy. This prevented many unnecessary emergency department and hospital admissions which a lot of people at the service found distressing due to their significant cognitive impairment.

## Areas for improvement

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

### Action the service **SHOULD** take to improve:

- The provider should ensure that the clinic room temperature was routinely monitored and documented.
- The provider should ensure that care plans more explicitly detail the anticipatory nursing needs of people to better enable the comparison of the expected and actual nursing care given.
- The provider should ensure that staff detail more clearly the current or future delineation of duties and escalation where care was, or planned to be, shared with external visiting health professionals.
- The provider should ensure that managers assess how the principles of 'Right Support, Right Care, Right Culture' guidance can be fully applied to the work within the nursing service and the risks of the service developing a closed culture are fully mitigated.

# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good	Not inspected	Not inspected	Not inspected	Good	Good
Overall	Good	Not inspected	Not inspected	Not inspected	Good	Good



# Community health services for adults

Good 

Safe Good 

Well-led Good 

## Are Community health services for adults safe?

Good 

Our rating of safe stayed the same. We rated it as good.

### **Mandatory Training**

**The service provided mandatory training in key skills to all staff and made sure everyone completed it.**

Most staff had received and kept up to date with their mandatory training. The uptake rate for mandatory training was 89%. The two courses with lower uptake rates were data protection with 67% uptake and moving and handling with 70% uptake. We did not identify any impact on people as there were no data protection breaches and residential staff (together with advice and support from the designated physiotherapy team) would usually be responsible for moving and handling people who used the service.

The mandatory training was comprehensive and met the needs of people and staff. It included common mandatory training courses such as health and safety, fire safety, safeguarding as well as clinical skills training as well as training courses on anaphylaxis and responding to choking.

Clinical staff completed training on recognising and responding to people with mental health needs, people with learning disabilities and autistic people as part of their clinical skills training. The service was amending its training to fully reflect the imminent national requirements that all staff receive regular specialised training in working with people with learning disabilities and autistic people.

Managers monitored mandatory training and alerted staff when they needed to update their training. Where there were minor shortfalls in uptake of some mandatory training courses, there were plans to improve those rates.

### **Safeguarding**

**Staff understood how to protect people from abuse and the service worked well with other agencies to do so. Most staff had training on how to recognise and report abuse and they knew how to apply it.**

Most nursing staff had received training specific for their role on how to recognise and report abuse. The uptake rate for safeguarding training was 92%. The training was equivalent to level 3 safeguarding.

Staff could give examples of how to protect people from harassment and discrimination, including those with protected characteristics under the Equality Act.

# Community health services for adults

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Managers had commissioned an independent safeguarding review the safeguarding arrangements across the site. This identified that safeguarding arrangements were largely working well but identified some improvements. Most recommendations related to the need to revise the safeguarding policy to include greater clarity for the practice of operational staff. For example, to better record the expectations to support to people following an incident, family involvement and advocacy input. Senior leaders were working on an action plan to address the recommendations and further enhance the safeguarding arrangements across the site

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The David Lewis Centre had a safeguarding team which consisted of a social worker and a social work assistant. They worked closely with the local authority safeguarding team to ensure that safeguarding alerts were raised and investigated appropriately. There were posters across the site to inform staff and people about how to raise an alert and contact the safeguarding team.

## **Cleanliness, infection control and hygiene**

**The service controlled infection risk well. Staff used equipment and control measures to protect people, themselves and others from infection. Staff kept equipment and their work area visibly clean.**

Clinic rooms and areas were clean and had suitable furnishings which were clean and well-maintained. There were several treatment rooms and a clinic. All areas were clean and well maintained.

The service generally performed well for cleanliness. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The matron carried out regular checks of the cleanliness and infection control arrangements which showed good adherence to infection control. An external audit of infection control measures carried out by the local NHS infection control team showed good adherence to cleanliness and infection control measures.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw staff use personal protective equipment when providing care to people. Masks, aprons and gloves, were readily available and in use in all areas. During our inspection we observed staff followed 'bare arms below the elbow' guidance and used appropriate hand hygiene techniques.

Staff cleaned equipment before and after each person contact.

## **Environment and equipment**

**The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. When providing care in people's homes staff took precautions and actions to protect themselves and people.**

Staff carried out safety checks of specialist equipment. There was a range of equipment to meet people's needs with professional input and assessment to ensure these were safe and suitable for individuals. Nursing staff held regular clinics to monitor vagus nerve stimulation devices which were a small electrical device, like a pacemaker, which is implanted under the skin of the chest. The device sends electrical impulses to the brain through a nerve in the neck to reduce the number of seizures someone has and help make the seizures less severe. Magnets can be used with the device to make it more effective in preventing seizures at particular times.

# Community health services for adults

The service had enough suitable equipment to help them to safely care for people. The physiotherapists had a large department which included a wide range of equipment including various walking aids which were used to support people to maintain and develop their movement, posture, and functioning, where appropriate. This included general equipment and equipment prescribed for the specific needs of individual people. There were ceiling track hoists to help move people between equipment safely.

Staff disposed of clinical waste safely. The service had a contract for the management of clinical waste.

## **Assessing and responding to person risk**

**Staff completed and updated risk assessments for each person and removed or minimised risks. Staff identified and quickly acted upon people at risk of deterioration.**

Staff used a nationally recognised tool to identify deteriorating people and escalated them appropriately. Epilepsy care plans were completed which included plans to monitor for ongoing seizures as well as detailed and personalised information including early warning signs, and staff support and nursing interventions during the prodromal, ictal and postictal stages of the seizure. Staff completed National Early Warning Score (NEWS2) scores to identify physiological measurements and escalate acutely ill people. All staff had completed sepsis training to identify people with signs that might indicate they had this serious health condition.

Staff completed risk assessments for each person on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. Each person had a detailed plan to manage ongoing seizures including prevention, rescue, medication and post seizure support. Staff carried out regular assessments of people including malnutrition universal screening tool (MUST) scores which were assessments of nutrition and hydration, mobility, for the risk of pressure ulcer development and falls assessments.

Staff knew about and dealt with any specific risk issues. Some people had such significant sudden unexplained seizures that did not respond fully to treatment that they were deemed to be at risk of death. Each identified person had an in-depth risk management plan which was informative and easy to follow. This incorporated advice from the consultant neurologist.

Staff shared key information to keep people safe when handing over their care to others but could be more explicit when care was shared. Each person had a detailed health action plan and passport which explained their health needs and could be given to hospital staff and other professionals. Where care was, or planned to be, shared with external visiting health professionals, written records could more clearly explain the current or future delineation of duties and escalation between the health professionals involved. For example, we saw two people who had just started on the end of life pathway but their records did not fully detail more explicitly the anticipatory nursing needs and when and how care would be shared with the community district nursing team to help care staff understand how and where to escalate concerns.

Shift changes and handovers included all necessary key information to keep people safe. We saw appropriate handover discussions took place through sampling documents of those discussions. This showed that staff routinely discussed people identified as having just received and/or needing nursing input and the outcomes of the intervention.

## **Staffing**

# Community health services for adults

**The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.**

## Nurse staffing

**The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.**

The service had enough nursing and support staff to keep people safe. There were seven nursing staff, one matron, and one trainee assistant practitioner in the nursing team. The trainee assistant practitioner supported the nurses to carry out basic observations and other delegated tasks. There was also an advance nurse practitioner who worked for the dedicated GP service who worked closely with the nursing team. The wider team included physiotherapists, speech and language therapists, occupational therapists, therapy assistants, a registered mental health nurse, a registered learning disability nurse and the psychology and behaviour support team which included behavioural support assistants overseen by a visiting clinical psychologist who all supported people resident at the David Lewis Centre.

Managers accurately calculated and reviewed the number and grade of nursing and nursing support staff needed for each shift in accordance with the needs of people who used the service. On each working day shift there were two nurses and a trainee assistant practitioner. At night and weekends, there was one nurse. There were lone working protocols in place which were being reviewed.

Managers could adjust staffing levels daily according to the needs of people. The nominated individual and registered manager were both general nurses who worked within the numbers at times to either meet demand or to keep their registration.

The number of nurses and nursing support staff matched the planned numbers.

The service had low and/or reducing vacancy rates. There were no vacancies in the nursing staff team of Assessment and Treatment – Warford. There was one occupational therapist vacancy and one therapy assistant vacancy across the wider team. Managers had well-developed plans to recruit to these.

The service had very low turnover rates. There had been no nursing staff leaving across Assessment and Treatment - Warford for the 12 months to up to 31 July 2022 so the turnover rate was 0%.

The service had low sickness rates. The sickness rates for the last three months were as follows July 2022 - 1.4%, June 2022 - 3.9% and May 2022 - 4.5%.

The service had low rates of bank and agency staff use. The service was using two occupational therapy consultants to cover for the gaps in the wider team in terms of occupational therapy vacancies.

The service had safe recruitment practices. We checked the three most recent employed staff and saw that appropriate checks were in place to make sure that staff were of good character, including professional registration, disclosure and barring and employment checks.

# Community health services for adults

People we spoke with said they were happy and relatives reported being happy with the care. One relative said staff were great without exception and their communication was great.

## **Records**

**Staff kept detailed records of people's care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.**

Care notes were comprehensive, and all staff could access them easily. Staff had the same care recording systems that the GPs used and had viewing access to GP records which helped with continuity of care and avoided duplication.

Records were stored securely. Care records were held electronically with secure password access.

## **Medicines**

**The service used systems and processes to safely prescribe, administer, record and store medicines.**

Staff followed systems and processes to administer medicines safely. We saw that nurses knew people very well and supported them fully to understand their treatment. Through our observations we saw nurses administer very person-centred care and treatment. They worked in a calm and settled way to support people with very complex health and communication needs. Nursing staff had vaccinated people with the COVID-19 vaccine, with very good uptake rates through seeking people's consent or considering their best interests.

Staff reviewed each person's medicines regularly and provided advice to people and carers about their medicines. The nurses contributed to multidisciplinary discussions about medication and reviewing treatment. There was a regular visiting NHS consultant neurologist who worked under a service level agreement. They visited weekly to review people who had complex epilepsy needs.

Staff completed medicines records accurately and kept them up to date. Staff could administer a list of some specific medicines and 'homely' remedies under patient group directives and supported by a policy. The service had recently trained non-medical prescribers, but they had not yet begun prescribing. The service was developing the operating practices to provide guidance and support to the non-medical prescribers. This included systems for anti-microbial stewardship which are important governance arrangements around prescribing and using antibiotics effectively. It was hoped in time this would allow people to receive some specific medicines in a timely manner without having to wait to see a doctor.

Staff stored and managed all medicines and prescribing documents safely, but staff were not keeping full records to make sure medicines were kept at the right temperatures. During our inspection, we observed medicines were kept in locked cupboards within clinical locations. Staff checked to ensure the date of medicines remained with the expiry date.

The medicines fridge temperature was routinely monitored. The clinic room temperature was not routinely monitored. This may compromise the efficacy of the small amount of stock medicines held within the clinic. The room was well ventilated with an air conditioning unit. This was addressed during the inspection and a room thermometer was put in the clinic room and systems to monitor the room temperature on an ongoing basis.

There were no controlled drugs held by Assessment and Treatment – Warford at the time of the inspection but there were procedures in place should they have them in future.

# Community health services for adults

Staff learned from safety alerts and incidents to improve practice. Women who were prescribed sodium valproate to manage their epilepsy were risk assessed to make sure it was safe to be prescribed and administered it.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Each person had an annual physical assessment which included ensuring that the use of anti-psychotic medication was clinically indicated and was not used to control behaviour. The nursing team contributed to multidisciplinary discussions around medication use and review.

## **Incidents**

**The service managed safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave people honest information and suitable support. Managers ensured that actions from person safety alerts were implemented and monitored.**

All staff knew what incidents to report and how to report them. The teams had a system in place to capture and report incidents and accidents and to learn from them when things went wrong.

Staff met to discuss feedback and look at improvements to peoples' care.

Staff raised concerns and reported incidents and near misses in line with the provider's policy. Staff had a good understanding of what needed to be reported. There had been no notifiable incidents relating specifically to the Assessment and Treatment - Warford team.

The service had no never events. A 'never event' is classified as a wholly preventable serious incident that should not happen if the available preventative measures are in place.

Staff understood the duty of candour. They were open and transparent and gave people and families a full explanation if and when things went wrong. There had been no incidents that met the duty of candour threshold.

Staff received feedback from investigation of incidents, both internal and external to the service. We saw that most incidents were minor medicines errors such as minor administrative errors and a dispensing error with medicines which were just out of date being dispensed. The service had recently introduced electronic medicine administration charts and saw that medicine errors had reduced significantly. Staff regularly checked people for signs of constipation which was a common theme from learning from death reviews.

Staff met to discuss the feedback and look at improvements to people's care. Key events and incidents were discussed at regular staff meetings. Following a complaint for a patient on the residential side, one small aspect of the complaint recognised that improved photo images were needed of skin infections to support ongoing care. Improvements had been put in as a result.

There was evidence that changes had been made as a result of feedback. Following an incident where a schedule four controlled medicine was dispensed for an individual person but did not reach the resident's home, improved processes were put in place to prevent a reoccurrence. The incident was reported to the local intelligence network who oversaw controlled and scheduled drug arrangements.

# Community health services for adults

Managers investigated incidents thoroughly. People and their families were involved in these investigations. There had been 36 unplanned visits to hospital between January and August 2022. On each occasion, staff completed a review to understand if the decision to send the person to hospital was appropriate. This included seeking family views where appropriate. Following a seizure, families were informed.

Managers debriefed and supported staff after incidents. Staff told us they felt well supported following incidents.

## Are Community health services for adults well-led?

Good 

Our rating of well-led stayed the same. We rated it as good.

### Leadership

**Leaders had the skills and abilities to run the service.** The team was managed by experienced and competent managers. The David Lewis Centre had a relatively new chief executive who had recently been a senior executive from the NHS. The service was overseen by a director of clinical services, operationally managed by a head of clinical services and quality and supported by a matron. Between them the leadership team had many years' experience of working in and managing health, mental health, learning disability and community health services.

**Leaders understood and managed the priorities and issues the service faced.** Managers had identified key clinical risks, and had developed services to address them. For example, staff identified and proactively supported residential staff to monitor and care for people at risk of regular epileptic fits (despite being treated and under the active care of a neurologist). Staff also supported residential staff to monitor people at risk of constipation in line with national reviews for people with learning disabilities.

**Leaders were visible and approachable in the service for people and staff.** Staff felt well supported by the leadership team. Staff told us their managers were visible and provided advice, professional guidance and practical support.

**Leaders supported staff to develop their skills and take on more senior roles.** Staff told us that they were supported to maintain and enhance their professional skills.

### Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.** The provider had a mission to provide an excellent service to individuals with learning disabilities, supporting the meaningful transformation of their lives and the achievement of their aspirations. They state they will do this by enabling individuals to gain independence, positive identity, self-esteem and personal control over their lives via specialised support packages delivered in a variety of community locations.

The provider's vision was to be:

- recognised as a responsible and ethical organisation which acts consistently with our mission and values.

# Community health services for adults

- acknowledged as a provider and employer of choice, demonstrating integrity, accountability and a culture of continuous improvement.

The provider's values included a commitment to people, service excellence, responsibility, communication and innovation.

The chief executive was leading on refreshing the organisational vision and values. People who used the service, carers and staff were being widely consulted as part of developing the new vision and values.

**The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.** Work we saw happening in teams was aligned to the vision and future strategy such as benchmarking the services at the David Lewis Centre against national reports and guidance such as 'out of sight, who cares'.

**Leaders and staff understood and knew how to apply them and monitor progress.** Leaders could explain clearly the service offered, what the team did well and what they felt needed improving further

## Culture

**Staff felt respected, supported and valued. They were focused on the needs of people receiving care.** Staff reported improved morale coming out of the COVID-19 pandemic and were optimistic about the future direction and service provision. Staff were committed to working as an effective multidisciplinary team to ensure that people received good treatment outcomes and person-centred care. Staff were proud of the partnership working the teams fostered with the different internal and external professionals involved in people's care.

**The service promoted equality and diversity in daily work, and provided opportunities for career development.** The service recorded and published equality data such as its gender equality duty which showed no significant positive or negative percentage mean or median gender pay gap. Staff had completed specialist training to further advance their clinical skills and could apply to access relevant external training.

**The service had an open culture where people, their families and staff could raise concerns without fear.** Managers had commissioned an independent safeguarding review to further enhance the safeguarding arrangements across the site. This identified that the safeguarding arrangements were largely good but further improvements would ensure improved safeguards.

The provider had started to fully assess how the principles of 'Right Support, Right Care, Right Culture' guidance can be robustly applied to their work starting with the portfolio of residential services it provided. The service had not formally assessed the nursing service against these principles including the specific risks of the service developing a closed culture. However many recent initiatives steered by the new chief executive aligned to the principles such as opening up to more external scrutiny through the safeguarding review, new board membership including people with health commissioning experience and developing partnerships with the nearby mental health and community health NHS trust as well as the ongoing commitment to truly person-centred care. Following the inspection, managers intended to change the name of the service to better reflect its function and also planned to facilitate an external review of the service against the 'Right Support, Right Care, Right Culture' guidance.

## Governance



# Community health services for adults

## **Leaders operated effective governance processes, throughout the service and with partner organisations.**

Managers had appropriate governance arrangements to oversee the quality of the service including looking at hospital admission avoidance.

This included appropriate governance systems to monitor the service. For example, systems and processes were in place to:

- monitor the quality of the service,
- manage the health and safety of the clinic building and equipment, including fire safety and legionella testing,
- manage COVID-19 infection and control infections,
- carry out robust checks to ensure that when staff were suitable and of good character when they were recruited and
- ensure that staff undertook mandatory training.

Leaders have introduced regular quality and safety governance meetings in March 2022 to further improve the governance oversight and embed learning. This included reviewing audits, infection control measures, incidents, complaints, staffing metrics and policy development. This meant that managers had access to and could monitor key performance information regarding the team and could make improvements.

On the inspection, we identified that audits were well completed and the team was well managed. The only significant shortfall was the lack of regular monitoring of the clinic room where medicines were kept. Following the inspection, managers quickly took action to address this shortfall we identified. They put measures in place to regularly monitor the temperature of the clinic. Managers planned to amend their audits to check that the checks were made and sustained.

**Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.** The most recent staff survey reported that 66% of staff were happy or very happy and 86% were clear of the expectations on them.

## **Management of risk, issues and performance**

**Leaders and teams used systems to manage performance effectively.**

**They identified and escalated relevant risks and issues and identified actions to reduce their impact.** Managers had identified key operational risks, and these reflected what we found. For example,

**They had plans to cope with unexpected events.** The provider had an emergency plan and business continuity process which included identifying and mitigating the risks in relation to disruption of services.

**Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.** Staff did not raise any concerns about financial pressures comprising people's care. The physiotherapists had a wide range of equipment and facilities including a hydrotherapy pool, a rebound therapy trampoline, various walking aids and ceiling track hoists to support people to maintain and develop their movement, posture, and functioning, where appropriate.

## **Information Management**

**The service collected reliable data and analysed it.**

# Community health services for adults

**Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.**

**The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.** Staff reported that the electronic care recording system worked well for them and having access to the same care recording systems that the GP used helped with continuity of care and avoided duplication. Care records were held electronically with secure password access.

## Engagement

**Leaders and staff actively and openly engaged with people, staff, equality groups, the public and local organisations to plan and manage services.** Members of the board of trustees and the executive leadership team have started to reintroduce regular walk arounds following a break during the pandemic. We saw examples of recent walkarounds where staff were able to raise issues which were then taken to the chief executive and board meeting.

**They collaborated with partner organisations to help improve services for people.** The chief executive was committed to working in partnership with commissioners, other providers and families. They had invited several external stakeholders to develop partnerships including the chief executive and senior leaders of local authorities, a lead for the integrated care board and a senior executive from the local mental health NHS trust.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services.** Managers were committed to continuous improvement and were further developing monitoring approaches through looking at harm-free care.

**Leaders encouraged innovation and participation in research.** Managers had also benchmarked and rated the service against our key lines of enquiry and had begun to look at our new single assessment framework to look at how they could work to be rated as outstanding.