Bridgewater Community Healthcare NHS Foundation Trust

RY2

Community health services for adults

Quality Report

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Date of inspection visit: 31 May, 1, 2 and 16 June 2016
Date of publication: 06/02/2017

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)
RY2	Bevan House		

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

Summary of findings

Ratings

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

Summary of findings

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Overall summary

Overall rating for this core service

We have judged that overall, the community health service for adults provided by Bridgewater community healthcare NHS foundation trust were Good because:

- A 'weighting tool' was used across all the locations on the trust. The weighting tool assessed the acuity of the patients and ensured the equitable distribution of workload and ensured that patients received safe care and treatment at all times.
- Across the district nursing teams there was good access to IT systems and adequate computers for staff use. Wigan were trailing the use of personal laptops to use on their patient visits. The laptops were to be rolled out to other areas in the coming year.
- Community adult services were involved in CQUINS; The Commissioning for Quality and Innovation scheme (CQUINs) which is offered by NHS commissioners and encourages care providers to share and continually improve how care is delivered.
- During our visit we attended patients' homes with the district nurses, all the feedback from patients was positive. We observed the nurses explaining to the patients what was happening.
- Staff told us they offered support to patients, in particular band five district nurses provided extra support visits for patients who had additional care needs, sometimes visiting the patient's home more than four times a day.
- Halton district nursing teams were co-located within GP practices, therefore patients could attend at one location to see their GP, district nurse and attend a clinic.
- The Speech and Language Therapy (SALT) team held a weekly communication group and discuss alternative communication aids with the patients. Partners were invited to attend. The SALT team loan iPad's out in four week blocks for the patients use. A local charity supported the applications for the iPad's.
- The trust were currently undergoing an improvement programme and four band seven nurses have been placed on a leadership course for the Halton and Warrington area and eight for the Wigan area.
- We were told by staff at Bath Street Health and Wellbeing centre that since the expansion of the trust they describe the management structure as 'amazing' and they described it as an 'open' culture and they felt they could talk to anyone.
- The SALT team arrange directly with a local hospital radiology department, for patients to have videofluroscopy x-rays.

However,

- District nursing teams in Halton were based in GP clinics and some had poor facilities and limited office and meeting room space.
- Staff were encouraged to leave a copy of their daily job list with their manager prior to leaving the office, however, in the case of an emergency it was not possible to trace which address the district nurse was at during the course of the day, as they did not report when they were at the address, or when they had left an address.
- The podiatry teams had good links with the district nurses and GP's; however communication with vascular and orthopaedic clinics was not as effective as it could be. We were told that the nurses could only contact these services via the GP. This was time consuming and delayed patient care.

District nursing staff told us that they had an issue with the changes in the policy regarding the use of their own cars. In some teams this had impacted on morale, especially in the Runcorn and Halton areas due to excessive distances travelled to patients' home addresses.

Summary of findings

Background to the service

Information about the service

Bridgewater Community Healthcare NHS Foundation Trust delivers a range of community based services to adults across Wigan, St Helens, Warrington, and Halton in a variety of community settings including health clinics and in GP surgeries.

Bridgewater Community Healthcare NHS FoundationTrust provides clinically led, locally delivered community health services which are integrated around where people live. Adult services provide community and specialist nursing;

- District Nursing
- Community Matrons
- IV Therapy
- Continence Adult
- Catheter Care
- Stoma Care
- Discharge Facilitation
- Care Home Support Team
- Specialist Palliative Care Nurses
- GPC Palliative Care Medical Staffing

As part of the inspection we visited 14 clinics across the geographical area of the trust; St Helens, Wigan, Warrington and Halton and spoke to numerous members of staff and 20 patients during our visit.

The clinics and services we visited included;

- District nursing services
- Speech and Language Therapy
- Dietetic services
- Tissue Viability
- Ear clinic
- Neurosciences

The adult community consisted of teams covering 4 locations; Wigan, St Helens, Warrington and Halton.

The trust has moved away from Trust-wide service specific directorates, towards geographical aligned directorates.

During our inspection we visited the following locations;

31 May 2016

Lowe House Health Resource Centre, St Helens

Boston House, Wigan Health Centre, Wigan

1 June 2016

Hallwood Health Centre, Runcorn

Beaconsfield Primary Care Centre, Widnes

Peel House Plaza, Widnes

Boston House, Wigan Health Centre, Wigan

The Bath Street Health & Wellbeing Centre

Orford Jubilee Park, Warrington

2 June 2016

Rainford Clinic – St Helens

Health Care Resource Centre Widnes

Chapelfield clinic – Widnes

Golborne Clinic, Golborne

Ashton Clinic, Ashton-In-Makerfield.

3 June 2016

Bevan House, Trust HQ, Wigan

Our inspection team

Our inspection team was led by:

Chair: Professor Iqbal Singh, OBE

Summary of findings

Team Leader: Wendy Dixon, Inspection Manager Care, Quality Commission

The team included two CQC inspectors and a variety of specialists including:

- A community Social worker and mental health social worker
- A community Matron

Why we carried out this inspection

We inspected this core service as part of our comprehensive Wave 2 pilot community health services inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We carried out an announced visit on 31 May and 1 and 2 June 2016. During the visit we held focus groups with a range of staff who worked within the service, such as nurses, doctors, therapists. We talked with people who use services. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records of people who use services. We met with people who use services and carers, who shared their views and experiences of the core service. We carried out an unannounced visit on 16 June 2016.

What people who use the provider say

All the feedback we had verbally from patients about the services was positive. Comments included:

"They've been brilliant. It's easy to get an appointment by phone. Staff explain everything; they make you feel at home straight away."

"It's the first time I've used the service, I have- no issues with appointment, good so far, friendly staff."

"Very good nurse explained everything to me."

"The nurses are lovely, reliable and help me to cope."

"The service is always excellent."

"Fantastic!"

Good practice

The Matrons at Wigan worked with the North West Ambulance Service (NWAS) utilising the Community care pathways (CCPs). The community care pathway consisted of a yellow folder containing the patients care plan; their medication and medical history. The community care plan was left at the patient's address next to their telephone. When the patient rang for an ambulance the address would trigger an alert to identify that the patient was on the community care pathway and a matron was involved. This would enable ambulance paramedic staff

Summary of findings

to determine the most effective referral and treatment options for known patients. One option for the paramedic would be to contact the community matron to attend the address allowing the paramedics to continue onto another patient.

Patients who have known healthcare needs and long term health conditions can have individual care plans produced; this reduced unnecessary hospital admissions and alleviates pressure on A&E departments.

Areas for improvement

Action the provider MUST or SHOULD take to improve

- The provider should ensure all relevant staff have received level three safeguarding training.

Action the provider COULD take to improve

Bridgewater Community Healthcare NHS Foundation Trust

Community health services for adults

Detailed findings from this inspection

Good

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We rated safe as good because;

- A 'weighting tool' was used across all the locations on the trust. The weighting tool assessed the acuity of the patients and ensured the equitable distribution of workload and ensured that patients received safe care and treatment at all times.
- At trust level equipment was readily available for patients at home. For large items of equipment, such as beds and commodes, the community equipment service aim to dispatch the equipment on the day of request.
- Discharge from hospitals was not a problem and if specialised training was required by the nurse, they would attend at the ward and learn, so that they can deliver the appropriate care to the patient in their home on discharge.
- A weekly bulletin was distributed across the trust and a monthly team brief mentioned lessons learnt. The trust intranet also contained a monthly lessons learned section.

However;

- District nursing teams in Halton were based in GP clinics and some had poor facilities and limited office and meeting room space.
- Not all relevant staff had received level three safeguarding training.

Safety performance

- The teams had key performance indicators for pressure ulcers and catheter care.
- Community adult teams ensured that they monitored their safety performance and safety thermometer data. It was evaluated and acted upon. Serious incident data collated between 18 February 2015 and 29 January 2016

showed 60 serious incidents reported for community adults; 39 of these were grade 3 pressure ulcers. We saw examples of concise root cause analysis (RCA) investigation reports.

Incident reporting, learning and improvement

- Pressure ulcers accounted for the largest proportion of reported incidents for adult community; 30 grade 3 pressure ulcers, five grade 4 pressure ulcers, one unexpected death and five other incidents were reported between 18 February 2015 and 29 January 2016.
- Incidents were reported by the trust to the National Reporting and Learning System (NRLS) and to the Strategic Executive Information System (STEIS).Serious incidents were also reported by staff to the trust's own incident reporting system.
- Staff across the trust were aware of how to report incidents; nurses spoke to band 7 managers and submitted the incident via the intranet. A root cause analysis (RCA) investigation would be carried out by the clinical manager and the final outcome distributed to those involved parties. The incident would then be discussed at the team meeting. The clinical manager of SALT and Dietetics gave an example of a recent incident reported by a member of her staff and evidenced the outcomes and action taken.
- Staff advised they had learnt lessons from reported incidents and discussed examples of incidents to aid their learning. For example, recently an incident with insulin was discussed and as a result changes were implemented to administration and additional training was given to staff.
- Incidents and risks were comprehensively reviewed in a timely/regular manner and incidents and lessons learnt are shared at regular team meetings.
- Across the trust the most frequent incidents reported on the electronic system, were pressure ulcers. District nursing staff reported all pressure ulcers that were grade two and above, within their trust wide reporting system. The trust had developed a new tool where they carried out a ten point check (including records review). If no lapses of care were found then a RCA investigation for the pressure ulcer was not carried out.
- The trust had a duty of candour policy 'Being Open and Duty of Candour Policy', which staff were familiar with and understood. During our visit we saw an example of a duty of candour in patient's notes at Wigan health centre; a grade 3 pressure sore had been reported and as part of duty of candour the manager had contacted the patient and an apology given. A case note review was carried out, the RCA was conducted, a check for lessons learnt and a report was submitted to the clinical commissioning group (CCG).
- In the Wigan area the band 7 nurses met twice a month and discussed care quality indicators and Key performance indicators (KPI's). All bands attended a monthly meeting to discuss lessons learnt.
- A weekly bulletin was distributed across the trust and a monthly team brief mentioned lessons learnt. The trust intranet also contained a monthly lessons learned section.

Safeguarding

- Staff were able to demonstrate a good understanding of safeguarding and their roles and responsibilities in protecting vulnerable adults.
- Staff we spoke to were aware of the process in escalating a safeguarding concern and knew the safeguarding lead. The general protocol across the trust was for the staff member to liaise with social services regarding any open cases for the patient, then to report it to their team leader.
- The adult's services demonstrated 96% compliance for Safeguarding level 2 and 93% for level 3.
- For level 2 safeguarding compliance, five teams across the trust scored less than 75% for the period, which included St Helens; Safeguarding (0%).
- For level 3, three teams did not achieve compliance, this included; SALT Halton (63%) and St Helens; Safeguarding (36%).
- Nurses in the Warrington area told us that they had completed additional safeguarding training with the local council which included; young palliative care and drug and alcohol issues, which were then cascaded to the rest of the team.
- Staff were aware of abuse and how to report concerns.

Good

Are services safe?

- Halton and St. Helens district nursing teams had safeguarding support from safeguarding teams for dementia and learning disabilities patients.
- The teams in Wigan told us that they did not have a safeguarding champion, but would approach the team leader for advice.

Medicines

- In the locations we visited there were no medicines stored, patient's own medicines were kept in their homes.
- Nurse prescribers had patient group directives (PGDs) and competency based training. There was a set formulary for what they could prescribe. A random audit of prescriptions was carried out centrally via the trust. Each GP had their own external pharmacist and staff could refer to them for support if they needed.
- Trust wide the community matrons could prescribe medication which was signed off by trust prescribing lead.

Environment and equipment

- All the locations we visited within the trust were clean and well equipped to provide care and treatment to patients.
- At one location, Clare House, Wigan, the first aid box in the district nurses' treatment room was found to be out of date, but the issue was brought to staff attention and was dealt with promptly.
- At trust level equipment was readily available for patients at home. For large items of equipment, such as beds and commodes, the community equipment service aim to dispatch the equipment on the day of request. The trust had an outside contract for out of hours and weekends.
- The district nurses had sufficient equipment to treat patients in their own homes.
- One team in St Helens were only allocated two syringe drivers to share between the team, however they were able to borrow from local teams if required and it had never been an issue. We checked five syringe drivers across the Halton and St. Helens, Runcorn and Widnes teams and these had annual service sticker to show they were in date.
- Glucometers were used for the care of diabetic patients and the teams we visited all had a personal issue glucometers. The meters were checked on a daily basis by the district nurses and were calibrated and serviced annually by the trust.
- The equipment for the clinics trust wide was maintained and serviced by the electro bio medical services (EBMS) by the appropriate hospital for that area.
- Clinics in the health centres and GP practices used emergency trolleys and defibrillators which were provided and maintained by the clinic. Bridgewater staff told us that they would contact GP's or dial 999 if a patient emergency occurred.
- Between 1 February 2016 to 30 June 2016 the trust carried out an audit of equipment. The aim was to review the use of mattresses, chairs and hoists. At the time of our visit approximately 500 had been reviewed in the St Helens and Halton area and equipment no longer being used by patients in their homes was collected.

Cleanliness, infection control and hygiene

- District nurses had sufficient portable hand gels and personal protective equipment (PPE) available for carrying out home visits. We observed a district nurse on a home visit in the Warrington area using gloves and apron whilst treating a patient's wound.
- All treatment rooms we visited were visibly clean and well maintained. Cleaning schedules were in place across the trust.
- We visited five treatment rooms in the St Helens, Widnes, and Halton and Runcorn areas, we found them all to be clean, tidy and well equipped. Service stickers were displayed on the equipment to show that it had been serviced.
- In the clinics we visited we saw cleaning schedules were in place, sharps bins were in use and appropriate PPE was being used. Hand gel and hand washing facilities were readily available for staff and we saw them being used.
- We observed a phlebotomy clinic in Warrington, which was visibly clean and the correct procedure was carried

out ready for the transportation of the blood. The needles were disposed of in the correct manner and the dressings placed in a sealed bag and disposed of in clinical waste.

Mandatory training

- We reviewed training figures for the St Helens district nursing teams; clinical training showed 100% compliance for the North and Central team and 91% for the South team. Staff in all three teams were at 100% compliance for their mandatory training.
- The staff across the trust underwent training to respond to emergencies and major incidents, the compliance rate for staff was 89.91%. This showed the majority of staff had completed the training.
- Up to 30 April 2016 dementia training was completed as a standalone e-learning module. From 1 May 2016 dementia training had been incorporated into mandatory e-learning that was to be completed by all staff. Figures for compliance showed 85.94% for clinical staff and 86.15% for non-clinical staff.
- The resuscitation training that is delivered within Bridgewater community healthcare NHS FT consists of adult basic life support with paediatric modifiers and the use of the Automated External Defibrillator (AED). The total number of staff compliant with resuscitation training was 64.27%. The target for this training is set by the board at 100%.
- We spoke to a district nurse who was on secondment to complete a trust equipment audit. The nurse gave training to individual staff members in order to assist them when considering the issuing of equipment.

Assessing and responding to patient risk

- When home visits were planned the staff considered time and skill mix when prioritising the patients.
- Referrals were received by the district nurses from service users themselves, social workers, GP's and hospitals.
- Discharge from hospitals was not a problem and if specialised training was required by the nurse, they would attend at the ward and learn, so that they can deliver the appropriate care to the patient in their home on discharge.
- The district nurses made their own nursing judgement through communication and observation as to whether a patient's health had deteriorated. Deteriating patients were also discussed at handover and observations shared.
- The nurses call NHS or 111 emergency services if the patient has deteriorated out of hours or on weekends. There is also a 24/7 palliative helpline for staff, together with a service level agreement with local hospice's.
- Tissue viability nurses worked centrally from an office in Ashton-In-Makerfield and every three weeks went out with the district nursing team on their home visits.
- The tissue viability nurses identified a gap in district nurses knowledge across the trust and trained a link nurse on each district nursing team, to be equipped to review wounds. They received on going monthly training in wound healing by the tissue viability nurses and this prevents the deterioration of patients.
- We spoke to the matrons at Wigan who worked together with the local ambulance service using the 'Community care pathway' scheme. In some cases the paramedics would attend a patient's home and after assessing the patient's needs, make the choice to call the matron to attend the address rather than admitting the patient. The matron's aim was to be at the patient's home within two hours of the call. This avoided unnecessary admission to hospital.

Staffing levels and caseload

- A daily handover was conducted in each location we visited and we saw evidence of this at Bath Street Health and Wellbeing centre. All patients had a named nurse and risks or deteriorating patients were discussed and plans agreed. The nurses supported each other and offered opinions for the treatment of each patient.
- When planning patient visits, skill mix was prioritised and new referrals were prioritised by a sister. The referrals came from social workers, self-referral, GP's, members of the public and acute hospitals
- A 'weighting tool' was used across all the locations of the trust. The weighting tool assessed the acuity of the patients and ensured the equitable distribution of workload, ensuring that patients received safe care and

treatment at all times. Patients were prioritised for response and duration of visits and were given a score. The combination determined the acuity as well as the numbers of patients on the caseload.

- A recent external review (prior to April 2016) of Bridgewater community nursing workload and staffing study identified that that the community adult teams had a 52.9 whole time equivalent (WTE) staffing shortfall, due to vacancies, sickness and annual leave.
- The trust was in the process of recruiting 20 additional nurses to address turnover rates.
- The same external audit showed temporary staffing (bank, agency and overtime) figures were close to the England average.
- To fill any gaps in the rotas bank staff were used. All bank staff were staff from the team, therefore inductions were not required. No agency staff were used.
- The trust figures for vacancies in physiotherapy and occupational therapy were high; 35.7 WTE vacancies advertised and 28.48% vacancies across the trust.
- The Podiatry team at Wigan told us that there was a shortage of staff and there was currently no active recruitment into the podiatry team. The staff believed this was due to budget reduction and cost saving. However, figures for the trust showed 1.80 WTE vacancy advertised and only 2.25% vacancies in podiatry across the trust.
- The Podiatry team also told us that due to the large number of high risk patients waiting for appointments they accommodate as many into the clinics as possible, so are always overbooked and staff regularly miss breaks as a result.
- Trust wide each team had a community matron attached to it. The matrons worked closely with patients and were able to prescribe medication for the patients.
- Trust wide each locality had a band 7 district nurse coordinator. An additional coordinator managed the out of hour's teams and the treatment rooms.
- Trust wide each borough had a clinical services manager, who the coordinators reported to. Coordinators and manager work closely together, including attending weekly planning meetings.
- St Helens Central team had a 24 hour, seven day a week system in place. Normal working hours were 8.30am to 4.30pm. Each team had approximately six nurses. The evening staff worked 4.30pm to 1am, consisting of two to three district nurses, or two nurses and one health care assistant (HCA). Night staff worked 1am to 7am and consisted of two nurses.
- Across the trust handovers were carried out face to face, apart from after a night shift, where in some boroughs a handover book, email or facsimile was sent to share information.
- At the time of our visit in St Helens, there were staff vacancies for one band 6 nurse for the south team. Recently recruited band 5's, no issues. Any sickness was covered by bank staff from their own team, so no agency staff were used. Recruitment was carried out locally with an ongoing programme which took about six weeks for the recruitment process to be conducted.
- The Nursing team in Halton had no nursing vacancies and had recently recruited two HCA's (band 4) in the team.
- Each team had a coordinator (band 7) who coordinates a number of teams. Each team comprises of five to 10 district nurses.
- There were three community matrons in Runcorn, three in Widnes and two in the Wigan area.
- Halton had 24/7 staffing arrangements with an out of hours nursing team to cover services 24/7. Normal hours are 9am-5pm (some nurses did a 10am-6pm shift). The evening shift was 6pm-11pm with two nurses or one nurse and one HCA. The night shift was from 10pm-9am and had two nurses on cover overnight.
- Across the trust monthly caseload evaluations were carried out to ensure caseload equity. On a weekly basis weighting reviews were conducted using a 'weighting tool'.
- District nurses spoke positively about the use of the 'weighting tool' and told us that caseloads/ workloads were manageable.
- The community matrons saw patients with complex needs such as; COPD, diabetes and heart problems.
- In Halton the community matrons attended multidisciplinary meetings with GP's when their patient

had been referred to them by GP's and social workers. There was one community matron linked with three or more GP surgeries and they met monthly to discuss patients. They also liaise with social care in practice (SCIP) social workers who were employed by local authority.

- Orford Jubilee Park, Warrington was the base for four District Nursing teams which looked after patients from 10 GP practices and the district nursing team was made up of four band 6 nurses, one band 7 nurse and other staff were a skill mix of band 3 and band 5 nurses. In Halton, Band 6 district nurses are assigned to between 1-3 GP practices, dependent on practice population size
- The continence team consisted of one team leader and four band 6 nurses, one of which was to start in July 2016, they covered the St Helens and Halton areas. During the time of our visit, one nurse was off on long term sick, therefore there were only two active continence nurses in the team. The Warrington team did help with staffing problems. Figures from the trust showed 0.6 WTE to advertise and 3.33% vacancies

Managing anticipated risks

- Weekly planning meetings were held in each team across the trust to review key issues, such as: incidents, capacity issues and staffing.
- The trust had a lone working policy for staff May 2015 to May 2017. Staff we spoke to stated that the normal practice was to 'buddy' up and attend at an address in pairs of they felt there was any threat of verbal or aggressive violence from the patient. A risk assessment was carried out in April 2016 which stated;' Where deemed appropriate visits would be undertaken by two staff members, this is a practice widely adopted by the evening and night service.'
- Staff in St Helens and Halton areas were aware of the policy for lone working.
- It appears that across the district nurses, lone working devices were issued in the past. These devices were worn around the neck by staff. It is not clear on who was issued with such a device, as they are not recorded on the asset register. We spoke to the leads who told us that the devices had not being used for the purpose they were intended, therefore they are now not compulsory issued. We looked at the policy which did mention the use of the devices, however, it requested that when a lone working devices had been issued, staff were to follow the instructions regarding the maintenance of the devices.
- Across the trust district nurses were issued with mobile phones for their safety.
- The electronic system used across Wigan had a panic button to be used in case of an emergency. We looked at this when visiting a lone working nurse in a clinic in Ashton-In-Makerfield. The button was at the top of the home screen of the computer in the clinic and must be clicked on using the mouse. We did not feel this was a practical system as the computer was located by the door and the nurse treated patients in the bed areas, at the other side of the room. The lone working policy did cover staff who found themselves working from clinics which were isolated or remote from the reception area, or working at premises when other service providers were closed. The policy stated that if this was the case it would have already been identified by their service manager as part of the general lone worker risk assessment. The only instructions in the policy for staff was to make sure that they were familiar with the security arrangements for the site and that they knew how to exit the building safely.
- Across the trust a generic risk assessment was in place, prior to attending at an address, nurses would check the referral, note any flags for safety concerns and speak to other agencies, such as social services for history on the address / patient.

Good

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary

We rated effective as good because;

- Across the district nursing teams there was good access to IT systems and adequate computers for staff use. Wigan were using laptops on their patient visits. The laptops were to be rolled out to other areas in the coming year.
- HCA's were trained to administer insulin, enoxaparin sodium and also trained to put in catheters, bloods and dressings. This involves competency based training and after three months the HCA's are signed off if they have reached their competency.
- The teams trust wide had monthly meetings with GP and social workers to stop avoidable A&E attendances.
- There were processes in place to ensure all staff were aware of the prevention and detection of pressure ulcers. Trust wide we found a white board in each office with a list of patients with pressure sores so all staff were able to monitor them closely.
- Community adult services were involved in CQUINS; The Commissioning for Quality and Innovation scheme (CQUINs) which is offered by NHS commissioners and encourages care providers to share and continually improve how care is delivered.

However;

- The podiatry teams had good links with the district nurses and GP's; however communication with vascular and orthopaedic clinics was not as effective as it could be. We were told that the nurses could only contact these services via the GP. This was time consuming and delayed patient care.

Evidence based care and treatment

- We found that patients admitted to services had received a full assessment of their individual needs and records we viewed had been completed to reflect this. The care records were complete and up to date; and had a number of risk assessments in place, including falls; catheter care; pressure area and nutritional risk. Risk assessments were complete and updated as patient's needs changed. There was also evidence of staff working with other health professionals to ensure that appropriate care was provided for patients.
- Individual roles and responsibilities were understood by staff in the delivery of evidence based care.
- Community staff used nationally recognised assessment tools in order to screen patients for certain risks and referred to relevant codes of practice.
- We saw standards and best practice were in accordance with (NICE) guidelines.

Nutrition and hydration (always include for Adults, Inpatients and EoLC, include for others is applicable)

- We looked at patient records in the St Helens area and we saw that staff were using the malnutrition universal screening tool (MUST) for patient risk assessments for nutrition. The MUST scores were recorded appropriately in the surgery based notes and in the home notes.
- Patients with nutrition and hydration needs were assessed and referrals made to the dietitian where appropriate.
- We spoke to staff in the dietetics service who carry out regular joint visits with the district nursing teams across the trust.
- The speech and language therapy (SALT) team conducted swallowing assessments and if necessary carry out modifications to the patient's diet to assist with swallowing.

Technology and telemedicine (always include for Adults and CYP, include for others if applicable)

- Across the district nursing teams there was good access to IT systems and adequate computers for staff use. Wigan were using laptops on their patient visits. The laptops were to be rolled out to other areas in the coming year.

Good

Are services effective?

- Some boroughs within the trust currently use a paper patient records system.
- Staff had access to an electronic incident reporting system.
- Some community matrons complete visit records on an electronic system which could be accessed trust-wide and by GP's across the area.
- In Halton, GP's use an electronic system, the community matrons complete visit records on both the GP's system and their own electronic system, so the record is easily accessible

Patient outcomes

- We saw evidence that the trust benchmark the quality of their service with other trust and actively monitor their service.
- Community adult services were involved in CQUINS; The Commissioning for Quality and Innovation scheme (CQUINs) which is offered by NHS commissioners and encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare. CQUINS can be National, regional and local. The delivery of CQUINs is performance managed in partnership with the CCGs, NHS England and internally via the CQUIN Monitoring Group and subsequently by the Quality Management Group. Compliance is subject to ongoing discussions with CCGs and any penalties are applied quarterly. We looked at the CQUINS for March 2016; for example Wigan had 2 national and 7 local CQUINS. One CQUIN at Wigan was for community nursing staff within the district nursing service, for pressure area care training and education to support safe and effective prescribing of pressure relief equipment. The action was to review skills and knowledge of pressure ulcer management and implement NICE Guidance CG179.

Competent staff

- All new staff received an induction followed by a four week supernumerary period. Competencies must then be agreed with the district nurse sister / team leader (band 6 nurse) before being signed off to begin working.
- All staff had a six monthly, personal development review (PDR) appraisals and an annual appraisal. The trust reported that 85.31% of staff at the trust had an appraisal during 2015. Community health services for adults reported 93.04% of staff had received an appraisal during this time.
- District nurses had training in diabetes and annual refresher training.
- HCA's were trained to administer insulin, enoxaparin sodium and also trained to put in catheters, bloods and dressings. This involved competency based training and after three months the HCA's were signed off if they have reached their competency.
- All HCA's had achieved NVQ level 3 training.
- Within the district nursing teams band 6 nurses and coordinators were trained mentors. This meant that the band 7 coordinators signed off staff competency assessments, including HCA's.
- In the previous two years the trust had trained 16 band 5 and band 6 nurses in the Specialist Practitioner Qualification (SPQ).

Multi-disciplinary working and coordinated care pathways

- The podiatry teams had good links with the district nurses and GP's; however communication with vascular and orthopaedic clinics was not as effective as it could be. We were told that the nurses could only contact these services via the GP. This was time consuming and delayed patient care.
- We saw good muliti-disciplinary working between the matrons and the local ambulance service.
- We spoke to community neuroscience team members who told us that they had good connections with local services and had joint training with Cheshire and Merseyside Social services and regularly conducted joint patient visits.
- All the teams across the trust worked closely with social workers. Warrington social workers were soon to be locality based and be part of the district nursing teams. Staff were already aware of who their key workers were.

Good

Are services effective?

- Warrington district nurses worked closely with the re-ablement team where occupational therapists and social workers assessed packages of care to prevent hospital admissions. The staff attended meetings at the local hospital to plan patient discharges.
- The teams trust wide had monthly meetings with GP and social workers to stop avoidable A&E attendances.
- Services such as tissue viability nurse (TVN), speech and language therapy (SALT), physiotherapy and occupational health were available Monday to Friday with limited weekend availability.
- Phlebotomy services across Halton were commissioned by another trust.
- Bridgewater provided podiatry services and clinics which were spread across the teams to allow better accessibility.
- The band 6 nurse would attend each GP practice for monthly meetings, e.g. Gold standard framework (GSF) meetings.
- If additional medical support was required, the district nurse would liaise with the appropriate GP.
- There was one team leader in Runcorn with five podiatrists and one podiatry technician available. In Widnes there was on team leader with six podiatrists.
- The podiatry technician from the Runcorn site works across both areas ensuring that lower level care and assisting in nail surgery is equitable across the boroughs. There are close referral procedures with other allied health professionals and district nurses to ensure seamless transition of patients where necessary.
- The podiatry hub at Halton Community Resource Centre was open usually five days a week. Saturday morning clinics were occasionally run when additional clinics were needed through demand and referral fluctuations. These clinics were popular with working age patients.
- The continence teams carried out home visits and clinic appointments across a number of locations in the Halton and St Helens area.
- The phlebotomy service at St Helens has three clinics across the area. Clinics ran 8am-1pm daily. There were three trained phlebotomists and vacancies.
- Phlebotomists also carried out home visits, approximately eight home visits per day.
- The phlebotomy services at Halton was provided by a local acute trust. There was a service level agreement in place, multi-disciplinary teams referred via the district nurses.
- Some boroughs across the trust there were at least two Health care assistants (HCA's) per team. We found in the Halton area that community matrons were supported by four HCA's.

Referral, transfer, discharge and transition

- Patients could self-refer to the district nurses, or they may get referred by their GP or other professional body.
- Patient records showed discharge forms / transfer forms were completed and all relevant patient information was passed on to other professionals and patient's GP's.
- The total number of patients delayed from February 2015 to January 2016 was 9. All of the delayed patients over the period were the responsibility of the NHS. The number of delayed patients was zero for seven out of the 12 months in the period. Most delayed patients were delayed due to patient or family choice. This amounted to 44% of delayed patients. The only other three reasons for delayed patients were completion of assessment, public funding and waiting further non-acute NHS care.

Access to information

- Paper records were used across the trust and were kept in patients homes.
- Staff access an electronic system for information about patients which linked though to GP's notes, enabling them to have prompt access to information and test results.
- There were processes in place to ensure all staff were aware of the prevention and detection of pressure ulcers. Trust wide we found a white board in each office with a list of patients with pressure sores so all staff were able to monitor them closely.
- We were told of one incident by the Wigan team of a patient being transferred from one team to another and information was not shared regarding the patients behaviour which caused problems for the new team. The staff felt this could have been avoided if all

information had been shared with the new team, prior to the patients transfer. However, we found effective mechanisms in place to ensure that patient information was accessible and share appropriately.

- Wigan district nursing teams were using lap tops on their patient visits. We spoke to nurses who had been using them and had positive feedback. They found the convenience of accessing patients notes at the address time saving, avoiding having to return to the office to review notes at the desk top computer. Matrons were also able to access GP notes at the address, saving a phone call. The only negative point made was down to connectivity for the laptops, which had been reported by the staff.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Up to 30th April 2016 Mental Capacity Act / Deprivation of Liberty Safeguards (DOLS) training was as part of the clinical mandatory eLearning package that was completed by clinical and professionally registered staff every three years. From 1st May 2016 the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS) training had been incorporated into Mandatory eLearning and is completed by clinical and professionally registered staff as part of the mandatory eLearning package for clinical staff. At the time of our visit the compliance rates for training were 85.94%.
- There was a good understanding across the trust of consent and mental capacity. Orford Jubilee Park, Warrington, was the base for four district nursing teams who looked after such patients. Staff were able to provide examples; staff had recently liaised with social services regarding a patient who was refusing the assessed level of care they needed. The social worker made the capacity decision and the nurse continually monitored the situation.
- Records showed consent sought at initial nursing assessment.
- Separate written consent was sought for use of digital images. For example staff took photographs of pressure sores for monitoring purposes.
- Patient records showed staff documented verbal consent sought prior to carrying out any activities during each visit.
- There was support available for patients that lack capacity from the trust-wide safeguarding team, who would carry out mental capacity assessments.

Good

Are services caring?

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

Summary

We rated caring as good because:

- As part of the inspection process, we sent comment card boxes for patients to provide us with feedback about the service and staff. 100% of the cards completed had positive feedback.
- During our visit we attended patients homes with the district nurses, all the feedback from patients was positive. We observed the nurses explaining to the patients what was happening.
- Staff told us they offered support to patients, in particular band 5 district nurses provided extra support visits for patients who had additional care needs, sometimes visiting the patient's home more than four times a day.
- Band 5 district nurses provided palliative care and agreed extra support visits where required, sometimes visiting the patients home more than four times a day.

Compassionate care

- We spoke to 20 patients and their families as part of the inspection. They told us that staff were caring and treated them with dignity.
- We found all patients we spoke to spoke positively about the staff and services they were using. Staff showed empathy and compassion towards the patients. We spoke to one patient who had attended for their appointment on the wrong day, they were not automatically sent away, but an appointment was fitted in for them.
- As part of the inspection process, we sent comment card boxes for patients to provide us with feedback about the service and staff. 100% of the cards completed had positive feedback.
- We saw filing cabinets displaying patients names on the outside of the drawers in a waiting room in Golborne clinic, we spoke to the receptionist who said that the filing cabinets could not be moved, but the filing system would be changed immediately so as not to identify the patients.
- We observed a patient being treated at the ear clinic at The Bath Street Health and Wellbeing Centre, Warrington. The staff were compassionate with the patient and their relative and treated with dignity during their visit.
- During our visit we attended patients homes with the district nurses, all the feedback from patients was positive. We observed the nurses explaining to the patients what was happening.
- On one home visit a carer told us that they had recently rang a district nurse with concerns about their daughters wound, they said the nurses listened to them and responded promptly with a visit.
- We observed a phlebotomy clinic in Warrington where a patient told us she was 'a bag of nerves' but was calmed by the nurses caring approach. We watched how the nurses at the clinic distracted the patients by engaging and talking to them.

Understanding and involvement of patients and those close to them

- Continence team had patient leaflets available in easy read format, for Learning disability patients.
- During our visit we attended a number or patient's addresses together with the district nurses and witnesses staff communicating with the patients in a caring manner that they understood their condition and treatment.
- The SALT team had various methods to communicate with patients with speech problems; they used interpreters, signers and communication books.

Emotional support

- Staff demonstrated that they understood the importance of providing patients and their families with emotional support. We observed staff providing reassurance and comfort to patients and their relatives.

Good

Are services caring?

- Staff told us they offered support to patients, in particular band 5 district nurses provided extra support visits for patients who had additional care needs, sometimes visiting the patient's home more than four times a day.
- Emotional support was also provided by specialist palliative care nurses, who provided counselling for bereavement and offered support for patients and families.

Good

Are services responsive to people's needs?

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

Summary

We rated responsive as good because:

- In Warrington a drop-in blood clinic was available to patients from 8.30am to 2.15pm, with free parking available.
- Halton district nursing teams were co-located within GP practices, therefore patients could attend at one location to see their GP, district nurse and attend a clinic
- The speech and language therapy (SALT) team held a weekly communication group and discuss alternative communication aids with the patients. Partners were invited to attend. The SALT team loan iPad's out in four week blocks for the patients use. A local charity supported the applications for the iPad's.
- We found in Warrington the needs of the local people had been considered with their drop-in phlebotomy clinic. The clinic was ran Monday to Friday 8.30am to 2.15pm. No appointments were made; patients took a ticket and waited for their turn.
- In Widnes, Beaconsfield walk-in centre was open seven days a week with a phlebotomy treatment room nurse.
- The SALT team arrange directly with a local hospital radiology department, for patients to have videofluroscopy x-rays.

Planning and delivering services which meet people's needs

- The podiatry clinic in Wigan had on occasions set up extra clinics out of normal hours to meet the demand for the service.
- There were two additional podiatry clinics in the Widnes area open weekdays, so clinics were close to residential areas.
- In Warrington a drop-in blood clinic was available to patients from 8.30am to 2.15pm, with free parking available. This prevented patients having to go to the local hospital which was time consuming and costly.
- The district nursing teams in Halton were aware that their patient age group was different to other areas and they met the needs of predominately young adults.
- A variety of treatment could be carried out in the district nursing treatment rooms, including leg ulcers and wound care, preventing the patients having to visit their GP or hospital.
- Halton district nursing teams were co-located within GP practices, therefore patients could attend at one location to see their GP, district nurse and attend a clinic.
- Across the trust district nursing treatment rooms, podiatry, continence, phlebotomy services etc. were spread across geographic areas in order to be close to people's homes. One patient attending a district nursing treatment room told us that it helped his mobility to attend the clinic.

Equality and diversity

- In the Warrington area a carer's support group was held for those caring for patients with Multiple sclerosis (MS) or had suffered a stroke. The support group belonged to a network.
- A disability awareness centre was based in the Warrington locality and provided training for carers in moving and handling, back care and financial management.
- The service had access to a language interpreter service and staff we spoke to knew how the system worked.
- All the leaflets in we saw were in English, but we were told they can be provided in other languages if requested.
- Halton had specialist community matrons for adults with learning disabilities and offered long term conditions management, for people with complex physical health problems.
- A number of patients have restrictive disabilities and some are house bound. The district nurses gain access to their premises via key safes, which are set up in conjunction with social services and the family.

Good

Are services responsive to people's needs?

Meeting the needs of people in vulnerable circumstances

- The Trust-wide safeguarding team provide support for patients with dementia and learning disabilities.
- Central equipment stores had appropriate equipment for patients with obesity (bariatric patients) and staff could access the equipment when needed.
- The SALT team held a weekly communication group and discussed alternative communication aids with the patients. Partners were invited to attend. The SALT team loaned iPad's out in four week blocks for the patients to use as an alternative communication method. A local charity supported the applications for the iPad's.
- When a patient's diet is modified by the SALT team, to aid swallowing, words and pictorial demonstrations are available by the team, in order to show the patients the changes that need to be made. For example how much thicker to make a fluid.
- The SALT team arrange directly with a local hospital radiology department, for patients to have videofluroscopy x-rays. The team make the referrals themselves and attend hospital with the patient. This avoids lengthy waiting times as the patient does not have to wait for a GP appointments or a referral. This also removes barriers for vulnerable people as they have continuity by seeing the same member of staff from the SALT team throughout the process.

Access to the right care at the right time

- Referrals to the district nurses were triaged immediately and the workload allocated accordingly. They did not operate a waiting list. The district nursing service prioritised patients on a daily basis using the acuity tool.
- We found in Warrington the needs of the local people had been considered with their drop-in phlebotomy clinic. The clinic was ran Monday to Friday 8.30am to 2.15pm. No appointments were made; patients took a ticket and waited for their turn. Patients we spoke to praised the services, as they could attend a GP appointment and then go directly to the phlebotomy clinic and have the results that same afternoon.
- The SALT and dietetic services prioritised seeing their patients according to acuity; priority 1 (high risk patients) were to be seen within 10 working days of the referral being received. Priority 2; within six weeks and priority 3 (low risk, psychological patients) within 13 weeks. Results for 2015 showed that they were seeing 88% of priority 1 patients within the target times, 83% of priority 2 patients and 100% of priority 3 patients. The trusts target was 90% for all patients.
- The waiting time for podiatry in the Halton area was within 18 weeks waiting time target which was set internally by the Clinical commissioning group (CCG), however the team were achieving an 11 week target.
- In the Wigan Podiatry team patients would wait between six to twelve weeks for an appointment, only those patients with serious health needs may get to be seen earlier.
- Waiting times to see the continence nurse in these areas was consistently within four weeks until an increase in the last six months to eight 8 weeks. This is believed to be as a result of the staffing sickness and vacancy. The waiting times were still within the 18-week target. Trust figures for continence nurse vacancies were low and showed 0.6 WTE vacancies advertised against 3.33% vacancies.
- Patients on the continence waiting list were risk assessed and those waiting for an appointment were sent continence pads to ensure minimal impact to patients deemed at risk.
- Arrangements were in place for the trust to monitor when patients did not attend (DNA) appointments. We looked at figures for 2015 to 2016, out of the adult services we looked at, the diabetes nurse had one of the highest DNA rates; 11.76%, together with the district nurse ear care service at 11.71%. Adult learning disability complex health service had one of the lowest DNA rates with only 0.36%.The trust target was 5% for these services. For all patients who failed to attend appointments they received a letter from the service and then a second letter was sent to their GP, or other responsible professional.
- In Widnes, Beaconsfield walk-in centre was open seven days a week with a phlebotomy treatment room nurse. They were able to carry out such treatments as; compression bandages, leg ulcers sutures, clips removal etc. The referrals were mostly by district nurses, but patients were able to self-refer.

Good

Are services responsive to people's needs?

Learning from complaints and concerns

- We saw leaflets on how to make a complaint available in areas we visited.
- Staff told us that complaints were feedback through local meetings. Staff described how they had learned from previous complaints and discussed some examples; the SALT team relayed an incident involving a patient whose spouse was usually present during the visit and on one occasion she wasn't, which caused entry difficulties and then problems with a dog. The complaint was shared with the rest of the SALT teams which helped them to ensure risk assessments were always carried out relating to decisions made, to help minimise risks associated to each patient.

Good

Are services well-led?

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

Summary

We rated well-led as good because;

- The trust were currently undergoing an improvement programme and four band 7 nurses have been undertaking a specialist practitioner qualification for the Halton and Warrington area and eight for the Wigan area.
- Each team across the trust had weekly and monthly meetings to review incidents, performance issues and planning, amongst other topics.
- Podiatry team meetings were held approximately every 2 months and staff said they felt informed and had good communication and support from podiatry managers.
- We were told by staff at Bath Street Health and Wellbeing centre that since the expansion of the trust they describe the management structure as 'amazing' and they described it as an 'open' culture and they felt they could talk to anyone.

However;

- District nursing staff told us that they had an issue with the changes in the policy regarding the use of their own cars. In some teams this had impacted on morale, especially in the Runcorn and Halton areas due to excessive distances travelled to patient's home addresses.
- Staff were encouraged to leave a copy of their daily job list with their manager prior to leaving the office, however, in the case of an emergency it was not possible to trace which address the district nurse was at during the course of the day, as they do not report when they are at the address, or when they have left an address.

Service vision and strategy

- Vision and values for the trust were displayed on posters in each area we visited. Staff were also aware and understood what these were.
- Each clinical services manager across the trust had their own strategy for their service which team members were aware of.
- In the Halton area, services were integrated and the teams worked closely with social services.
- CQUINS were in place to measure outcomes. CQUINs payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare.

Governance, risk management and quality measurement

- Each team across the trust had weekly and monthly meetings to review incidents, performance issues and planning, amongst other topics.
- The band 7 coordinators had monthly meetings to discuss incidents and risks.
- The clinical services managers had monthly meetings where finance, performance and activity, were discussed. They also reviewed key governance.
- The clinical manager for each area produced monthly performance reports and fed into the trust-wide governance system.
- Each local team had their own local risk register. Risk registers were maintained on the electronic system and reviewed and updated at least monthly by the clinical services managers.
- In the St Helens area there was quarterly performance reporting to St. Helens CCG and a monthly clinical service manager's performance report.
- Throughout the trust was a monthly mandatory training report.
- Coordinators in the Halton and St Helens area had weekly, monthly and quarterly meetings. The clinical services manager had monthly meetings to share with localities across the whole service.

Good

Are services well-led?

Leadership of this service

- There were four clinical services managers, split into two geographic areas, the East sector being Wigan and St Helens and the West sector being Halton and Warrington.
- Each sector had an area director of operations and a newly recruited associate chief nurse.
- Each area had a clinical services manager and each team within the local area had a coordinator, each local team also has at least one band 6 nurse.
- Staff understood the reporting structure and told us that the support from managers was good.
- Podiatry team meetings were held approximately every two months and staff said they felt informed and had good communication and support from podiatry managers.
- The trust are currently undergoing an improvement programme and four band 7 nurses have been undertaking a specialist practitioner qualification for the Halton and Warrington area and eight for the Wigan area.

Culture within this service

- All staff we spoke to were positive about working for the trust and there was a good, supportive culture. There was good support from the band 6 nurse coordinators and managers across all the teams we visited.
- The St Helens central team won 'Team of the year' award for initiatives introduced throughout the year, which included; an increase of 20 hours clinic appointment slots available for patients, a reduction in travel costs for clinical staff with the introduction of locality working and a reduction in the number of staff required to work weekends using a capacity and demand weighting tool.
- Staff felt positive about working for the trust and told us they had good support from coordinators and from clinical services manager.
- 'Open Space' was a staff meeting held by the Bridgewater trust monthly, where staff could attend and share issues and views and suggest changes within their field. Staff we spoke to were aware of 'open space' and encouraged by their managers to attend.
- A staff member who had been on long term sick from the East sector told us she had been fully supported whilst she was on sick and during her transition back to work.
- District nursing staff told us that they had an issue with the changes in the policy regarding the use of their own cars. In some teams this had impacted on morale, especially in the Runcorn and Halton areas due to excessive distances travelled to patient's home addresses.
- We were told by staff at Bath Street Health and Wellbeing centre that since the expansion of the trust they describe the management structure as 'amazing' and they described it as an 'open' culture and they felt they could talk to anyone.
- Staff were encouraged to leave a copy of their daily job list with their manager prior to leaving the office; however, in the case of an emergency it was not possible to trace which address the district nurse was at during the course of the day, as they do not report when they are at the address, or when they have left an address.

Public engagement

- The Friends and Family Test was launched in April 2013 for the trust. It asked people who used the services whether they would recommend the services they had used, giving the opportunity to feedback on their experiences of care and treatment. The percentage of respondents who would recommend adult community services were broken down to boroughs; Wigan 97.3%, Halton 97%, St Helens 98.7% and Warrington 96.7%. Figures for those who would not recommend the services were as follows; Wigan1.0%, Halton 1.4%, St Helens 0.6% and Warrington 1.1%. In total overall 97.9% of those asked said they would recommend Bridgewater adult services.
- Some GP surgeries, e.g. Halton had adhoc patient focus groups and the band 6 district nurses would attend.
- In St Helens teams have introduced "Talk to us Tuesday", with team targets being introduced for patient feedback.
- In the clinics in St Helens area, staff carried out ad hoc patient focus groups.

Good

Are services well-led?

Staff engagement

- The Staff Friends and Family Test was launched in April 2014 in all NHS trusts providing acute, community, ambulance and mental health services in England. Staff were asked whether they would recommend their service as a place to receive care. The trust scored above the England average for staff who would recommend the trust as a place to receive care with 85% compared to an England average of 79%, whilst also scoring lower than average for the percent who would not recommend. However the response rate was 6% lower than the England average.
- The trust scored 20% below the England average with 42% of staff recommending the trust as a place to work whilst 37% would not recommend, when compared to an England average of 19%. However, all staff we spoke to stated they would recommend the trust as a place to work.
- In 2015 the service throughout the trust underwent a structure change whereby team leaders became coordinators, staff told us that during this period they were kept updated and informed regularly and the overall communication. From senior management was good.
- Staff engagement occurs through meetings and trust-wide blogs.
- The improvement programme for the trust means more opportunities for band 7 nurses to enter leadership course. We heard two band 7 nurses speak positively about the leadership programme.
- 'Open space' is a meeting where staff set the agenda and the venue rotates to give all staff the opportunity to attend. Staff we spoke to were aware of this and knew that they could attend. We saw notes of a discussion from an 'Open Space' event 7 June 2016.
- Approximately 12 months ago the trust held a 'listening in action', an engagement event. There was limited visibility of the senior executive team, but there was good support from coordinators and clinical service managers.

Innovation, improvement and sustainability

- The SALT team held a weekly communication group and discussed alternative communication aids with the patients. Partners were invited to attend. The SALT team loaned iPad's out in four week blocks for the patients to use as an alternative communication method. A local charity supported the applications for the iPad's.
- Halton clinical services manager told us that the key risks were staffing; vacancies and sickness.
- The trust plan to over-recruit to take into account sickness and staff turnover.

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.

This section is primarily information for the provider

Enforcement actions

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.