Central and North West London NHS Foundation Trust

Community health services for adults

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Are services safe?	**Inspected but not rated**

Our findings

Community health services for adults

Inspected but not rated

- This was a focused inspection of 3 of the trust's district nursing teams in the London Borough of Hillingdon. We looked at the safe domain only. This inspection was not rated as we did not look at any of the trust's district nursing teams in the other boroughs in which it operates. We inspected this service because we knew of the pressures that all district nursing teams in London are under on account of the need to treat people at home whenever possible combined with district nursing staff shortages. We also received concerns about the management of pressure ulcers in the district nursing team.
- The service had enough staff to care for patients and keep them safe. Flexible working had reduced staff vacancies. Staff we spoke to who had been recently recruited felt that flexible working made it attractive to work for the trust as it allowed them to practice alongside their domestic caring commitments.
- Staff had training in key skills and understood how to protect patients from abuse. Mandatory training completion rates trust-wide for district nursing teams was 95%. The trust had an experienced nurse to support staff with induction, sign off on competencies, identify training gaps and liaise within the training department about staff training needs. Staff had a comprehensive district nursing induction pack for new staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Patient records were comprehensive; notes and care plans were clear and concise. Staff could consistently and readily access pertinent patient information in a timely way. Staff kept detailed records of patients' care and treatment.
- Staff assessed risks to patients and acted on them. Staff used recognised tools to assess the risk to patients and reviewed them after each visit. Staff reviewed all risk assessments every 12 weeks.
- Staff considered patients' needs holistically in handover meetings. Staff presented patient cases in handovers using situation, background, assessment, recommendation (SBAR). SBAR is a structured form of communication that enables information to be transferred accurately between individuals. We saw evidence of good interagency work, for example, with GPs, tissue viability and diabetic services.
- Staff consistently recorded alerts in the patient record system and had up to date records for 'Do Not Attempt Cardio-pulmonary Resuscitation' (DNA CPR) where this was required. Records contained information about where to find a copy of the DNA CPR if this was needed. Immediate access to this information meant teams had the information needed to respect the wishes, and the comfort and dignity of patients.
- Managers and staff carried out a programme of audits to check compliance with trust policies and improvement over time, such as a lone working audit; infection prevention and control audit environmental audit; and medicines audits. Medicines were managed safely. Infection prevention and control measures protected people and minimised the risk of infection. Staff kept equipment and their work area visibly clean.

However:

Our findings

- Although staff checked the defibrillators on a regular basis we found that the associated oxygen tube in the Oak Farm Team premises had expired in November 2019. We raised this issue with the staff who responded promptly and had a new defibrillator machine with up-to-date contents delivered during the inspection.
- We highlighted to staff that there were no compressed gas signs for the oxygen cylinder kept at the Hayes and Harlington team. Again, staff responded promptly and added two compressed gas signs during the inspection.

How we carried out this inspection

This was a focused inspection of the trust's district nursing services in the London Borough of Hillingdon. We visited 3 district nursing teams Hayes and Harlington team, Laurel Lodge and Oak Farm Team We did not look at their other district nursing teams.

We last inspected the trust in March 2015. The overall rating for community health services for adults was good. Community health services for adults had been rated good in safe, effective, caring, responsive and well led.

We inspected this service because we knew of the pressures that all district nursing teams in London are under on account of the need to treat people at home whenever possible combined with district nursing staff shortages. We also received concerns about management of pressure ulcers in the district nursing team. We did not inspect all areas of all key questions and the core service was not given an overall rating. We did not speak to patients or carers as we looked one key question:

• Is it safe?

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- spoke with 12 staff members including the clinical service manager, district nurses, community staff nurses; palliative link nurse, deputy district nurses
- conducted a tour of the service environments
- reviewed 5 incident records
- reviewed 14 patient care records
- observed 3 handover meetings
- reviewed team allocation and daily diary
- observed a district nurse home visit
- looked at a range of policies, procedures and documents related to the services we visited.

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.

Our findings

Is the service safe?

Inspected but not rated

Mandatory Training

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

The service provided mandatory training in key skills, including the highest level of life support training for relevant staff, and made sure everyone completed it. Staff received and kept up to date with their mandatory training. Managers monitored mandatory training and alerted staff when they needed to update it. The mandatory training was comprehensive and met the needs of patients and staff.

At the time of the inspection, mandatory training completion rates trust-wide for district nursing teams was 95%. Most staff had been trained in compression bandaging, carrying out Doppler tests, catheter care and pressure ulcer management.

New staff joining the teams received an induction. Staff had a comprehensive standardised induction across the teams and this was sent out to new staff 2 weeks before they started. The trust had a experienced nurse to support staff with induction, sign off on competencies, identify training gaps and liaise within the training department about staff training needs.

Safeguarding

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

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff had received adult and child safeguarding training at an appropriate level for the service. Staff knew what to do in the event of any safeguarding concerns and could access safeguarding advice from the trust safeguarding lead in Hillingdon.

Staff told us they discussed safeguarding with the safeguarding lead and discussed outcomes of outcomes of safeguarding referrals in handover meetings and in team meetings.

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

Cleanliness, infection control and hygiene

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

Our findings

Staff followed infection control principles, including the use of personal protective equipment (PPE) and regular hand washing and delivered care, with their arms bare below the elbows. Staff also had access to face masks to reduce the risk of COVID-19. Staff told us they cleaned equipment after patient contact. In clinic rooms in Oak Farm they used laminated signs to show when a surface had been cleaned.

Managers completed audits to ensure that staff maintained appropriate standards of cleanliness and infection control. For example, managers completed infection prevention and control environmental audits with action plans that included periodically emptying all the shelves in storage cupboards to clean them. We saw cupboards that stored medical supplies were clean, uncluttered and well organised.

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 patients' homes staff took precautions and actions to protect themselves and patients.

Staff carried out safety checks of specialist equipment. The service had suitable facilities to meet the needs of patients and their families. The service had enough specialist equipment to help them to safely care for patients.

Each building we visited had a defibrillator, with pads in place and checklists in place to monitor them. However, we found that the oxygen tube in the defibrillator at the Oak Farm Team base had expired in November 2019. We raised this issue with the staff who responded promptly and had a new defibrillator machine with up-to-date contents delivered during the inspection.

Staff could obtain specialist equipment for patients when they needed to, by ordering this through a third party organisation. Staff we spoke with reported that equipment was usually delivered in a timely way for patients.

Equipment held by staff was serviced and/or calibrated. We looked at the equipment available for each team. All relevant items had been calibrated appropriately.

Staff in each team carried out fire drills approximately every six months. Records were kept of any learning from the drills, such as delays in responding to the alarm. For example, learning from Laurel Lodge highlighted staff needed to be more visible and more reflective vests were purchased as a result.

Staff ensured they followed the provider's lone working policy whilst working alone in the community. The trust had provided individual personal panic alarm devices that were used for visits where risks had been identified. Staff we spoke with gave consistent responses when asked about the lone working procedures. Staff routinely shared lone working safety and risk issues in team meetings. Staff completed lone working audits every month. Lone working audits between June 2022 and September 2022 showed staff consistently adhered to the lone working policy.

There was not a compressed gas sign for the oxygen cylinder kept at Hayes and Harlington team to alert emergency services in the event of an emergency. We raised this issue with the staff who responded promptly by adding two signs in reception during the inspection.

Staff disposed of clinical waste safely.

Assessing and responding to patient risk

Our findings

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. A comprehensive risk assessment was completed for all patients once they were accepted to the service.

Staff used recognised tools to assess the risk to patients of developing a pressure ulcer, such as the Walsall community pressure ulcer assessment tool. Staff completed a comprehensive SSKIN bundle for all patients who were at risk of pressure damage. Assessments were reviewed after each visit. Other risk assessments included prevention of falls, mobility, nutrition and hydration, consciousness, moving and handling and continence. Where patients were at risk of choking or poor swallowing the community speech and language therapist carried out a swallowing assessment. Staff reviewed all risk assessments every 12 weeks.

Where patients required wound care, staff carried out a comprehensive wound assessment and detailed wound care plan. Staff took photographs of patients' wounds and shared the pictures with the team to confirm how healing was progressing. This meant that all patients received, in effect, a second opinion. Staff recorded patient consent to have pictures taken in patient records.

Pain assessments were carried out using a pain ladder where patients were able to report on the type and severity of pain they experienced.

Staff assessed patients who were at risk of physical deterioration using a National Early Warning Score tool (NEWS2) to identify deteriorating patients and escalated them appropriately.

Staff passed on information about patients they had seen at handover. Shift changes and handovers included all necessary key information to keep patients safe. During the inspection we observed 3 handovers. Staff presented patient cases in handover using situation, background, assessment, recommendation (SBAR). SBAR is a structured form of communication that enables information to be transferred accurately between individuals. Staff considered patients' holistic needs during handovers. We saw evidence of good interagency work, for example, with the GPs, tissue viability and diabetic services.

Staff ensured that all insulin visits were completed each day. To minimise the risk of missing visits staff contacted the team base to confirm after each visit and updated the information on the insulin visit board. All insulin visits were discussed in the daily handover meeting.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients 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.

The trust had ongoing recruitment in progress. The trust had introduced flexible working which had reduced staff vacancies. Staff we spoke with who had been recently recruited felt that flexible working made it attractive to work for the trust as it allowed them to practise alongside their caring commitments. All students in the second and third year of their training were offered substantive posts if they successfully completed their course. The vacancy rate for Hillingdon District nurses was 10.3% which was lower than the trust's target of 12%.

Managers accurately calculated and reviewed the number and grade of registered and non-registered nurses needed for each shift and adjusted their staffing accordingly.

Our findings

Managers limited their use of bank and agency staff and requested staff familiar with the service. Staff told us they offered monthly ongoing contracts to bank and agency staff where possible to ensure continuity for patients. All bank and agency staff had a full induction and access to training as needed.

As of the end of September 2022 the overall turnover for Hillingdon district nursing was 13.3% which was below the trust turnover target of 15%. The sickness rate was 4.7% as of the end of August 2022, the trust target was 3%.

Staff only deferred visits to patients if they were low risk and these visits were typically covered by another team on the same day or next working day. Staff told us they updated care plans immediately in the event of change or a deferred visit to ensure other staff were made aware. In the past three months there were zero deferred visits in the three teams we inspected.

Staff received clinical and management supervision every eight weeks. The completion rate was 92% and 97% respectively. The appraisal completion rate was 95%.

Records

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

We reviewed the district nursing records for 14 patients. Patient records were comprehensive; notes and care plans were clear and concise. Staff could consistently and readily access pertinent patient information in a timely way. Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care, including agency staff.

All staff had individual laptops that they could take on home visits. The service was piloting a 'paper-light' scheme to reduce the amount of paper records kept in individual patient homes. Records were accurate, holistic and contained full details of patient visits/appointments.

Staff consistently recorded alerts in the patient record system and had up to date records for 'Do Not Attempt Cardio-pulmonary Resuscitation' (DNA CPR) where this was required. Records contained information about where to find a copy of the DNA CPR if this was needed. Immediate access to this information meant teams had information needed to respect the wishes, and the comfort and dignity of patients.

Records also contained information about the patient's mental capacity if this was an issue. Mental capacity was reviewed when appropriate.

Staff reported carrying out spot checks of records. However, there were no formal record keeping audits during the COVID 19 pandemic as the trust had moved to a 'governance-light' programme. There were plans to re-start the documentation audit at the end of October 2022.

Medicines

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

Our findings

Staff followed systems and processes to work safely with medicines. Medicines were prescribed by patients' GPs and families or carers usually collected the medicines from their local pharmacy. Staff updated medicine administration records with the medicine that had been collected.

The 3 district nursing teams we inspected each had 3 non-medical prescribers who had access to specific supervision for non-medical prescribers. They attended the non-medical prescriber forum. The forum discussed various topics such as medicines optimisation group updates, alerts from the central alerting system (CAS), lessons from incidents and other learning to improve practice.

Medicine charts showed that staff completed medicines records accurately and kept them up-to-date.

Staff told us that, where possible, they arranged all syringe driver appointments to be undertaken by experienced nursing staff who had completed the competencies in syringe driver training. In the event of in the event of sickness of experienced staff, staff from other district nursing teams or team managers covered visits to ensure that syringe driver visits were not deferred.

Incidents

The service managed patient 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 patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

There had been zero serious incidents in the past 12 months.

We reviewed five non-serious incident reports during the inspection. Staff reported incidents clearly and in line with trust policy. Managers investigated incidents thoroughly and patients and their families were involved in these investigations.

Managers reviewed incidents and ensured that any learning was shared within the team. The types of incidents reported included medicine errors, pressure ulcers and poorly completed referral forms.

Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff understood the term duty of candour. Providers of healthcare services must be open and honest with patients and other 'relevant persons' (people acting lawfully on behalf of patients) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology. Staff were able to provide examples of when they would offer support and apologise.

Our findings

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust 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 service should ensure that contents of all emergency equipment is kept up to date.
- The service should ensure there are signs for compressed gas where compressed gas is kept.

Our inspection team

The team that inspected the service comprised of 5 inspectors.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation

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.

Regulated activity	Regulation